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OBSERVATIONS ON SELECT SUBJECTS IN SURGERY.

BY MR. SIMMONS.

(Continued from Vol. xiii. pp. 385—390.)

ON GUTTA SERENA.

JAMES HEYWOOD, æt. 33, by trade a cotton-spinner, was admitted into the Manchester Infirmary on July 15, 1805, for a gutta serena of the right eye, which had rendered him totally blind, he having lost the sight of the left by the small-pox thirty years before.

Impaired vision, and a slight pain on motion at the bottom of the orbit, first indicated the approaches of this complaint, which came on one Saturday, and on the Tuesday following he was quite dark. When admitted, his appetite was good, and strength unreduced; his head was free from pain, and the pain in the eye had ceased for several days; but the pupil was dilated, and insensible to the strongest light.

I directed electric sparks to be drawn from the eye every day, as strong as he could well bear them; and at my next visit on the third, the pupil had regained some portion of mobility. Continuing the electrification, he was, in addition to it, now advised to take a dose of bark twice a day, and to go into the cold bath two or three times a week. His amendment was still progressive, near objects appearing to him better defined, and distant ones coming gradually within his range. To give still further aid to these powerful means, he next took a quarter of a grain of the hydrargyrus vitriolatus mixed up with a little liquorice powder for a sternutatory; and, although the irritation produced by it was considerable, and the discharge from the nose copious for about an hour after each taking, as he bore the operation well, the quantity was ordered to be repeated morning and evening. In this course he persevered with increasing advantage until he was dismissed cured

cured on the 26th of August, after a stay in the house of five weeks.

The treatment in this case was founded upon an opinion of a palsy of the retina, or expansion of the optic nerve, not originating in compression, either from a tumour within the brain, or any local congestion. In such a case electricity has of late years been usually resorted to as a remedy; and here its efficacy was early conspicuous. To it the bark and cold bathing were subsequently joined as auxiliaries; and afterwards the mercurial snuff recommended in the gutta serena by Mr. Ware, in order to accelerate their good effects in a still quicker progression.

The late Dr. Heberden, in his excellent Commentaries, p. 281, speaks coldly of the utility of electricity in this disease; his words are, 'Aiunt electrificationem interdum fuisse utilem;' but perhaps his own trials of it had not been numerous; or cases in their nature irremediable had fallen under his observation. In the design of augmenting tone, the bark and cold-bath held an appropriate rank; and the mercurial snuff had a sufficient authority in the recommendation of Mr. Ware. In the opinion of Dr. Hope *senior*, the hydrargyrus vitriolatus, 'in doses of one grain, with a little powder of liquorice root, is the most convenient errhine he has had occasion to employ.'—Edinburgh New Dispensatory, p. 471, 1803. But experience has taught me, that one-fourth of a grain, diluted as above, operates in a very powerful manner.

From the history of this case it would appear, that evacuation of any kind was not indicated; or, as the loss of vision was sudden, and a short interval only had elapsed before he applied for assistance, I should have premised at least a single dose of a cathartic, agreeably to the advice of Celsus, the passage relating to which I shall here transcribe:—'Quidam sine ulla manifesta causa subito obcæcati sunt. Ex quibus nonnulli cum aliquandiu nihil vidissent, repentina profusione alvi lumen receperunt. Quo minus alienum videtur, et recenti re, et interposito tempore, medicamentis quoque moliri dejectiones, quæ omnem noxiam materiam in inferiora depellant.' (Lib. vi. chap. vi. p. 368, L. B.)

Under the term *mydriasis*, the older writers have comprehended a morbid affection of the iris, and of the retina. The appellation itself is expressive of humidity, on an increase of which in the eye, the pupil still continuing transparent, they supposed the cause of blindness in this instance to depend. A better acquaintance with the anato-

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mical structure of this organ has cleared up this uncertainty, and proved that the iris may be affected while the retina is sound; and that a disease of the retina may exist independantly of any morbid affection of the iris. If the iris should have become immovable, and not entirely closed, in a sound state of the retina, vision will still be distinct at a given focal distance; but if the retina should have lost its sensibility, as through it the iris is secondarily acted upon, the pupil will dilate, and continue dilated, though not morbidly affected, for want of the necessary excitement.

When gutta serena is the symptom only of another complaint, the cure of the original malady must precede any attempt to restore the impaired functions of the nerves. For, notwithstanding the removal of the offending cause, insensibility, or torpor, is too often the consequence of any violence done to the nervous system.

In several cases of gutta serena I have experienced the beneficial effects of the vitriol of copper; the dose has been from a quarter to the third of a grain twice a day, mixed up with a little aromatic powder. In a week or ten days it has restored sight to several, without any sensible operation. But the subjects of these experiments were young, boys from nine to twelve years of age, and in each the disease had been of short duration. It may be proper likewise to observe, that I had no reason to suppose that any of these were instances of the mydriasis *verminosa*; and perhaps any other tonic might have wrought a cure.

Impervious Funis Umbilicalis.

Whatsoever diversity of sentiment may have obtained among medical writers relative to the uterine state of the fœtus, all are agreed that the funis umbilicalis is the medium of communication between it and the mother. Thro' this medium the circulation of the blood, an office essentially necessary to the fœtal existence, is maintained between them; and any direct agency upon the fœtus, thro' the sensorium of its parent, is wisely guarded against by the absence of nerves in the structure of the funis.

Among the causes of abortion, or premature delivery, preceded by the death of the fœtus, the obliteration of this channel may therefore be justly enumerated, and it is probably a more frequent cause of that event than has been hitherto imagined. This opinion is founded on the case of a lady, whose long and severe sufferings in differ- ent

ent pregnancies, had excited more than ordinary attention and concern. She had borne three living children, the birth of each of which was denoted by great irritability of habit. In the seventh month of her fourth pregnancy she was seized with convulsions, and early on the morning of the second day, as the os uteri had dilated, the membranes were ruptured, soon after which a dead child was expelled by the pains, loose and putrescent in its texture, and not larger than is commonly observed between the fourth and fifth months. At this birth the secundines were not particularly examined.

About the sixth month of her next pregnancy, she had another still-birth; this was preceded by threatening symptoms of convulsions, and the child, of which she had never felt the motion, apparently had not grown after the end of the fourth month. The after-birth was now examined, to see if any thing presented in it sufficient to account for the early death of the fœtus, and its premature delivery, when it was discovered that two inches from the body of the child the funis umbilicalis was impervious, and had assumed a ligamentous appearance. At the second, the third, and the fourth births following, each of which was still, and occurred at the distance of from one to two years from the other, a similar morbid alteration of structure in the funis was observed; the living principle had become extinct in the fœtus about the same period of pregnancy, and in each the expulsion of it had ensued at or soon after the expiration of the sixth month. In the third of the above pregnancies, symptoms of hemiplegia were threatening, but by timely assistance they were arrested in their progress. The fifth and last pregnancy (in the year 1803) she was a second time seized with puerperal convulsions at the usual period of gestation, which were again suppressed; and the fœtus, in a state verging to putridity, as in the former instance, was again expelled about the end of the sixth month. At every examination of the placenta it was found loose and collapsed; smooth on its adherent surface; and the separation of it had been so gradually effected, that the lochial discharge on its expulsion was hardly tinged sanguine. Each interval from the death of the fœtus to the birth of it, her feelings were extremely irritable; otherwise she was upon the whole tolerably well. The birth each time was natural, easy, and expeditious, and, except the first, quite free from any alarm of convulsions. In the last convulsive attack, it was thought expedient to rupture the membranes, and while she

she lay insensible, I proceeded in the most cautious manner to rupture them; but the convulsive contortions were so greatly aggravated by the attempt, that I thought it prudent to desist.

In the medical treatment of this case our chief reliance was placed on opium, 130 drops of the tincture of which she took within an hour, during the first paroxysms of convulsions, and was kept under the gentle influence of it for several days, even after the convulsions had ceased. The muscles of the cheeks were rigidly contracted, and the jaws locked, so that the liquid was conveyed to the gullet through the space whence a tooth had been extracted, and she swallowed it without much difficulty. Other auxiliary remedies were employed, cold water was dashed on the face without abating the severity of the paroxysms, mustard poultices were applied to the feet, and blisters successively on the temples, between the shoulders, and to the calves of the legs. The threatening of hemiplegia was accompanied with symptoms of congestion in the head, and leeches were applied to the temples with manifest advantage. For the same reason, she was leeched again the last attack of convulsions, and also used the warm bath. Her health was undermined by these severe shocks on the nervous system, and her mental faculties weakened. A few months since she was seized with a spasmodic affection at the stomach, which, after a slight remission, was renewed with so much violence on the second day following, as to carry her off in a few seconds of time.

The body was not permitted to be opened after death.

An impervious funis umbilicalis is enumerated by writers on midwifery, among the causes of the death of the fœtus in utero; but an instance of the recurrence of it so often in the same subject has not, I believe, been before recorded. A knowledge of the function yielded by the placenta before birth being similar to that of the lungs after, will enable us to account satisfactorily for the death of the fœtus from this cause, for the closure of the funis must deprive it of the benefits of respiration, as effectually as a cord twisted tightly round the neck after it had been brought into the world.

It has been said that 'women are far more liable to convulsions in a first than in subsequent labours,' a position not confirmed by the case of this lady, who had previously born three living children. Nor could the death of the fœtus in any be ascribed to the convulsions; and in this

this respect too the present case comes as an exception. 'When women have convulsions,' says Dr. Denman, 'the death of the children ought generally to be esteemed rather an effect than a cause.'* Here the accession of the convulsions, as well as it could be ascertained, was synchronous, or nearly so with the death of the fœtus, and demonstrably not the cause of its death.

But a much more important question is, whether in puerperal convulsions the patient should or should not be delivered by art; and as far as this lady's case can warrant an opinion, it is answered in the negative. This observation however, will not be meant to apply to that case of convulsions where the os uteri has dilated, and the only assistance required of art is to rupture the membranes. When I attempted to deliver during the closed state of the womb, the convulsions were alarmingly aggravated; hence we may conclude with Dr. Denman, that the treatment of the convulsions should be conducted without any reference to the labour, until the os uteri shall have dilated. At what period soever this event may happen, even should it be delayed, as in the present case, for many weeks after the death of the fœtus, then and not till then will be the proper time to give manual assistance.

The imperviousness of the funis umbilicalis is plainly beyond the reach of art. A similar contraction situated in an accessible tube, gifted with nervous power, could only be counteracted, even in an early stage of it, by mechanical distension. All then that is left us to do, is to improve and support the general health by suitable means; and, when our exertions fail of success, it is a consolation to know, that a remedy for the evil lay not within the scope of human ability.

On Concussion, or Contusion of the Brain.

Case I.

In April 1805, a stout man, twenty-nine years of age, was struck upon the left side of the chin by a thick broad deal plank, many yards in length, while assisting with others in lifting it through the window in the new building erecting in Charlotte Street. The plank rested at the time near its centre upon the sill of the window; the joists not being laid, the inner extremity descended suddenly into the cellar, and the outer one, which gave the blow, was carried up with the force and velocity of a lever. He fell speechless

* Introduction to Midwifery, quarto, p. 527.

speechless upon the ground, and in that state was immediately carried into the infirmary. It happening at the hour of my usual attendance, I examined him without delay, and found that he had received a wound over the posterior extremity of the right parietal bone about two inches in length, but that the bone was not fractured, nor denuded of pericranium. His left side however was paralytic, and his right side violently convulsed; his breathing was stertorous, and pulse slower than natural, and oppressed; the pupils displayed scarcely any sensibility to light. Copious bleeding from the right jugular vein relieved his breathing, and rather abated the force of the convulsions. Means were next used to empty the intestines, which however were so torpid that no evacuation from them could be procured before the fourth day, notwithstanding strong purgatives were exhibited both by the mouth and by glyster. On the seventh from the accident he had another motion, after which he had no more. On the third day the pulse was as low as 58 beats in the minute, yet he had so far recovered his senses, as to give a tolerably distinct answer to a simple question put to him. From this time the pulse gradually increased in frequency until it had risen to upwards of 130 strokes in the minute, the convulsions on the right side, and paralysis on the left stil continuing. During the course of the disease he was bled both generally and topically, as far as the pulse and constitution would bear, and blisters were applied alternately to the head, the temples, between the shoulders, to the thighs, and sinapisms to the feet, that a continual irritation might be kept up upon the surface of the body. But all were ineffectual, and on the ninth day he expired.

After death the vessels which pass over the upper surface of the brain were found turgid, and the right ventricle was filled with a large coagulum of blood.

Case II.

A middle aged man was knocked down by a blow upo the head by a large mill-gate.* I saw him soon after, wh he was insensible, his breathing stertorous, his pulse slo feeble, and interrupted, his urine involuntary, and j before I saw him he had parted with an involuntary sto his body also was universally cold; he had bled a litt from the nose and ears, but the pupils were not dilated. Warmth was applied to the extremities, and ammonia in small quantities frequently exhibited, to restore the circulation, and renew the temperature. The head was likewise shaved, and carefully examined, without discovering any

race of fracture or depression. As soon as the pulse would bear it, fourteen ounces of blood were taken from the arm, mustard poultices were then applied to the feet, and the whole head was covered over with a blistering plaster. The bowels were afterwards copiously emptied; and a dose of the tinct. anodyn. antimon. was exhibited every six hours. The pulse became less oppressed by this treatment, but, as the other symptoms continued, the temporal artery was opened, after which he seemed somewhat rational for a short time, though the pulse began to sink after he had lost about six ounces of blood. In this state of stupor he lay for several days longer, with a pulse as low as 63 at one examination, and then it became again accelerated, and his mind still less obscured; for he could answer properly to a question that might be replied to in a monosyllable. He was next seized with a pain in the left temple, and as the pulse was upwards of 100, a dozen leeches were applied to the temples, and the parts were then covered with a blister. Though a little hurried by this discipline, his complaints were sensibly relieved, and the following night he was able to retain his urine. On the third day after the accident, an incision was made down to the cranium, upon the spot where he flinched on a particular examination, by which a fissure was exposed at the lower extremity of the left parietal bone, and a separation of the lambdoidal suture leading into the additamentum; but the pericranium was not separated nor the bone depressed. On the tenth day, however, as he was in all respects worse, the head of a large trephine was applied so as to remove the whole of the fissured part. The dura mater was every where adherent, nor was there any extravasation between it and the cranium. But instead of the silvery hue, the dura mater was discoloured, and it was opened to remove any extravasation that might be underneath; none however was found, so that after securing an artery and a vein, which had been divided in making the incision, light dressings were applied over the whole. Henceforward the pulse fluctuated between 100 and 120, became more and more feeble, and hurried by slight external objects; a low delirium supervened, and on the twelfth day from receiving the injury he expired, without having experienced, at any period, either rigors, convulsions, or paralysis of the extremities. The pupils were all along contracted and sensible to the light. I have it in recollection that at one visit this man was so much better as to sit upright in bed, and take milk pottage with a spoon,

spoon, on which day I cannot now mention, and the record of it is omitted in my notes.

After death the right hemisphere of the brain was found covered over with extravasated blood, partly fluid and partly grumous; a considerable quantity more also lay between the side of the hemisphere and the cranium, and under the middle and posterior lobes. On the left side a small extravasation was discovered under the anterior lobe of the brain, and a little again at each extremity of the falciform process. The separation of the suture had extended along the additamentum into the base of the skull, yet scarcely any thing that amounted to extravasation was observed in the course of it. The fissured portion was entirely removed by the operation.

I have placed this case under the head of *contusion*, because neither the fissure in the cranium, nor the separation of the suture, adequately account for the mischief that proved fatal. Derangement of function of the injured organ and extravasation, well known effects of contusion, were present in this case, and justify in it, and in the former, the change of appellation which I have proposed. The sensibility of the pupils in the second will not escape remark; nor the surprising change for the better, which at one time gave no unfavourable presage even of recovery. Considering the appearances exhibited in the brain, it is not a little extraordinary that death followed not instantaneously on the accident in both.

In the first case, the blow was given upon the left side of the chin, and the blood was effused into the right ventricle of the brain; the right side of the body was convulsed, and the left paralytic; the bowels were nearly deprived of their irritability, and the urine was insensibly discharged.

In the second case, the extravasation was also on the side opposite to where the blow was inflicted, though on the surface of the brain; there was less torpor of the intestines, the bladder kept its retentive faculty, and the pupils their power of motion. Does the irritating cause which produces convulsions act upon both ventricles, if the convulsions are universal? or upon either, if they are partial? Is the irritation confined to the ventricle on the side affected with convulsions, and the paralysis transferred to the opposite side?

Where the sensorium can bear the compression in the first instance, symptoms of increased action afterwards ensue, and plainly indicate the vigorous employment of antiphlogistic

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Where the sensorium can bear the compression in the first instance, symptoms of increased action afterwards ensue, and plainly indicate the vigorous employment of antiphlogistic

antiphlogistic means, which by lessening the inflammatory tension may prolong the existence of the patient after an accident, where the mischief has been too deep for any rational hope of recovery to be entertained.

In one case after a contusion of the brain, where the motion of the voluntary muscles was enfeebled, and the patient nearly deprived of the faculty of reminiscence, I instituted a trial of the comparative efficacy of electricity and galvanism, by drawing the sparks of each alternately, every day from the temples, and other parts of the head. He gave the preference to the galvanism, thinking himself more animated after it than after electrification, which therefore was discontinued. His recovery was slow; at length however his articulation became tolerably distinct, and he could walk without stumbling; previously he had required help in walking, yet he could run the length of a large ward without making a single false step, similar to one under intoxication, who, when he could not walk strait or without fear of falling, could run to some distance with swiftness and safety.

Manchester, Oct. 18, 1805.

To the Editors of the Medical and Physical Journal.

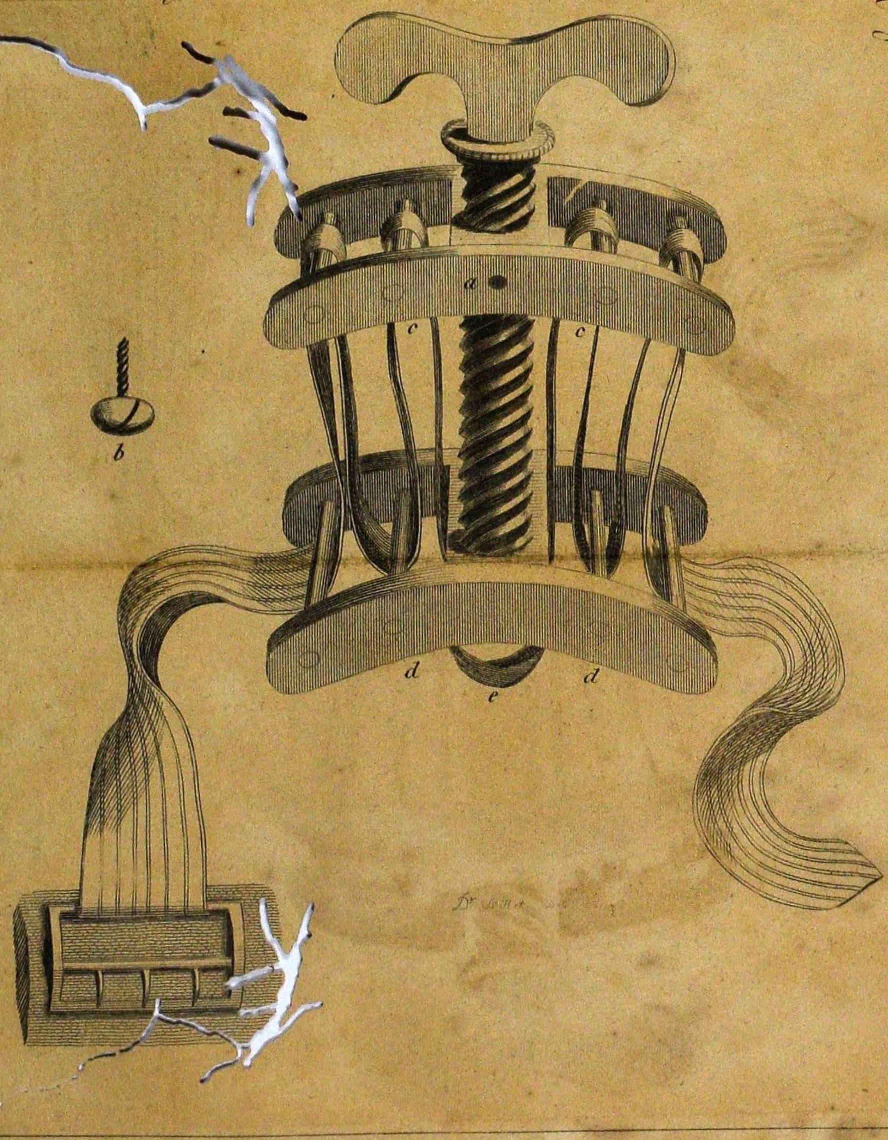
GENTLEMEN,

I Beg leave to submit to your consideration the enclosed drawing of a Female Catheter, which Mr. Stothard has lately made from my instructions. *(See Engraving.)*

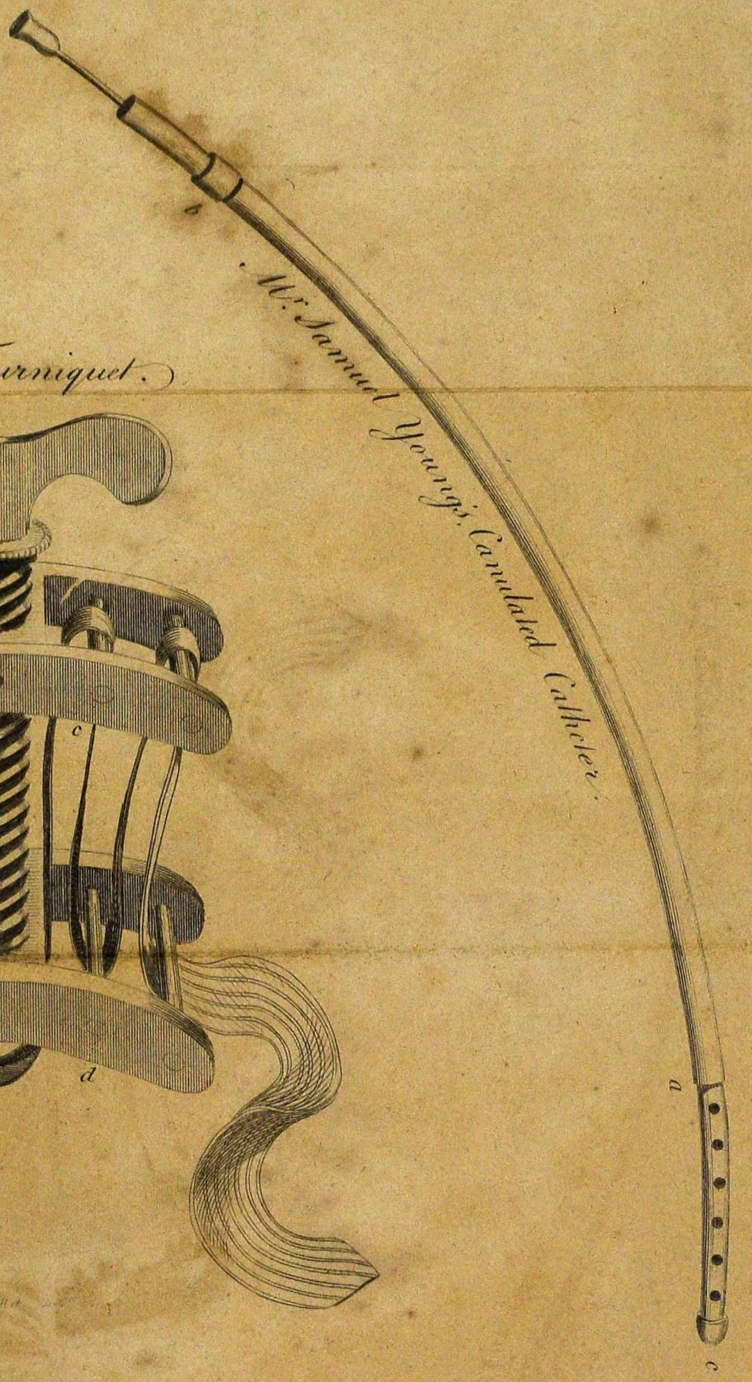
You will perceive that it consists of a catheter simply cased in a canula neatly fitted to it, but through which it slides with perfect freedom. For distinction's sake, I call it the CANULATED CATHETER. The canula is about the length of the common catheter; the catheter about two inches longer than the canula.

When it is to be introduced, the perforated head of the catheter is drawn back into the canula, home to the bulb *c*. In this state, the instrument exhibits merely a smooth blunt probe, and consequently having, in that state, no exposed perforations, nor any possible point of resistance on its surface, enters the part with as much facility and ease as seems to be possible. Being inserted into the bladder, and immersed in its contents, the catheter then, and not until then, is pushed forward out of the canula into

Mr. Lodge Hall's Screw Tourniquet.



Mr. Samuel Young's Canulated Catheter.



into the body of the urine; the wire is withdrawn, and the water discharged in the usual manner.

The drawing represents the canulated catheter in its parts, and the canula is described from *a.* to *b.* The structure of the instrument is so extremely simple, that I have not thought it necessary to add a distinct drawing of it as shut for introduction; trusting that it must be sufficiently obvious without it.

The chief object of this invention is to surmount a difficulty which, whenever it is present, must always render even so simple an operation as that of using the female catheter tedious and painful, if not sometimes wholly ineffectual. In using the *common* catheter, this difficulty must attend the process whenever the neck of the bladder is *diseased*, or even where there is any considerable increased action of the part for the time. A slight hæmorrhagy, in such instances, must commonly be one consequence, and the catheter will be choaked with coagulum, not unfrequently taking a complete cast of the whole tube. No stress need be laid on so obvious an inconveniency. In such circumstances, if the patient be relieved at all, the operation at best will be tedious and aggravating. These objections to the common catheter, as far as I perceive, will be completely obviated by the one I have now the honor to propose; in which the catheter itself is not exposed in the introduction, nor until the canula has passed the neck of the bladder, and is become stationary in the body of the urine. It can never therefore be clogged with coagulum, because the perforations, being concealed in the canula until the instrument is completely lodged within the bladder, will never be open for any blood to trickle in.

Another impediment that this canulated catheter would seem adapted to obviate, is that which arises from a severe spasmodic constriction of the neck of the bladder and urethra, and where the *exposed* perforations of the common catheter are grasped so firmly as to prevent its fair introduction. In an instrument constructed according to the suggestions I have offered, be the constriction what it may, it is the smooth surface of the *canula* only that will be grasped. The *catheter* is slipped into the bladder under the concealment of that surface, and when its office is performed, is returned by the same vehicle. I experienced lately the difficulties of both spasm and hæmorrhagy in a case of suppression, where Dr. Fraser attended. The patient had been subject to similar attacks, and the neck of the bladder

der was considerably thickened. Upon passing the catheter, it was immediately filled by a cast of coagulum nearly through its whole length; and the catheter was so firmly grasped as to impede its fair introduction. The difficulties of this case first suggested to me the utility of having the holes of the catheter covered until they had fairly entered the bladder; and I also felt the necessity of not having the catheter exposed to the chance of being impeded by spasms; for in this instance had the instrument been cased, it might have been slipt into the centre of the bladder without the smallest difficulty.

I therefore trust, Gentlemen, that since the improvement I now submit to you, has been the direct invention of necessity, and is not one of those which require some invention to show their necessity, my wish for it to be known through so respectable a medium as the Medical and Physical Journal, will not be deemed impertinent.

I am, &c.

SAMUEL YOUNG.

North Audley Street, Oct. 1805.

AN ATTEMPT TO IMPROVE THE SCREW TOURNIQUET, *by* MR. LODGE HALL, *Licentiate of the Royal College of Surgeons, in Ireland.*

(With an Engraving.)

NO Instrument since its first introduction has employed the thoughts of Surgeons more than the Tourniquet.

Our predecessors seemed to wish to avail themselves of the knowledge of the pulley and lever; the surgeons of the present day, after having enjoyed the fruits of their labours, as if satiated with the acquirement of ease in stopping the progress of arterial blood through its appropriate tubes, when such stoppage became necessary for the preservation of life, and perhaps anxious, like the rest of the human species, for novelty even at the expence of utility, have endeavoured at simplification; and instruments, little better than the ligature and twisting stick, have been recommended as possessing at least *cheapness* and *ease of manufacture,* superior to the SCREW TOURNIQUET. In my opinion, these ought to be secondary considerations; for, if it can be proved that the lives of many can be rendered more secure by this screw tourniquet than by any other instrument yet invented, it should no more

more be laid aside for those less perfect on these accounts than the *matchlock,* because cheaper and less complicated, should be substituted for the *musket.*

It is deemed of national importance to procure the latter on as cheap terms* and *as well executed* as possible. Are such pains then to be taken to procure *proper* instruments of *destruction?* And are they not also to be used in obtaining those of *preservation?*

Every surgeon, of course, should be aware that a garter and any piece of stick can, in the absence of a tourniquet, be used to suppress hæmorrhage; but when a man of science forms one, he should take advantage of what *analogy* and the general laws of mechanism may furnish him with; and after all, if he be successful, the effect will be what is so much desired—*simplicity.*

For what can be more simple than by properly adapting a strap to an instrument with the intervention of a few small rollers, that the blood flowing with such impetus as it is known to do through the largest arteries of the human body, may, in an instant, be retarded by just turning one screw.

Surely, however, necessity may often oblige us to use it; this is more entitled to the appellation of simplicity than that consisting of a piece of tape passed through leather, and in twisting which, it requires not a little caution to prevent its breaking, whilst it *rubs, excoriates,* and *pinches* as much as it presses, there being no provision against the effects of friction; this last might rather be termed a *rude,* or an *uncultivated,* than a *simple* instrument.†

Even the Screw Tourniquet, perfect as it is compared to all others, may, I think, be further improved without at all altering the principle laid down by the ingenious inventor Monsieur Petit.

I believe it will be admitted that the male screw of this tourniquet is unwieldy from its great length, particularly when it is, through fear of hæmorrhage, obliged to be left on after any great operation and the patient in bed; nor can it, in its present state be shortened, without at the same time losing considerably in the power of being tightened.

It will also, I believe, be allowed by those in the habit of assisting or performing operations, that it is not always the flow of the blood can be commanded to that exactness with this instrument, (and if not with it, with no other hitherto

* By preventing *extortion,* they are made by *contract.*

† What has been called *the* "Field Tourniquet" is *certainly* more embarrassing, though *probably* not more useful than this.

therto known) that less than three turns of the handle will permit it to pass, and of course as many in the contrary direction stop it.

Both these faults, I think, can be thus *simply* corrected. Let two rollers, such as are already to this instrument, be added, one on each side of the *upper brass plate*, there will then be an equal number (four) above and below. *Two* of those in the *lower brass plate* have always been *totally unnecessary*, as it has been hitherto used. To be convinced of this, let the reader open Mr. B. Bell's System of Surgery on the subject of the ligature of arteries, (it is in the 1st vol. of the third edition, which I have) and he will there see a plate demonstrating this clearly. I have also a tourniquet now before me, I obtained a short time ago from one of the principal makers in London, in which, though the strap is passed over these, there is *not the least necessity* for them, as each side of the tape should be drawn up independently of the *other* side, the part immediately under the rivet of the screw being the fixed point;* and it is almost unnecessary for me to remark the absurdity of providing against *friction*, where *motion* is not intended.

Now I make use of these formerly supernumerary rollers *below*, and the two I have added *above*, as shewn in the drawing better than it is *possible* to describe it.

The power of the SCREW TOURNIQUET is in this manner so increased, that *one* turn of the handle draws up *exactly* as much tape as *two* did before, and the screw may therefore be reduced to *one half* the former allotted length, and still the strap will be shortened from any given dimension, in the same proportion as formerly, with (as already noticed) the advantage of being able to tighten or relax it with *precisely half* the number of turns of the screw.

There is also added, what has been so often attempted unsuccess-

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* And keeping this in remembrance, the buckle should be always left at some distance from, and not, as is usual, brought close up to the roller; perhaps the best rule would be, to plan the buckle diametrically opposite where the tourniquet is placed; this is by no means so trifling a circumstance as might be imagined, as by neglecting it the difficulty of turning the screw is rendered much greater; for, the buckle preventing the strap from passing up on *one* side, it of course must pass over all the rollers of *both* sides were there an hundred.

Of this also any person may convince himself by applying the tourniquet alternately with the buckle close up to and at a distance from the roller.

unsuccessfully, viz. a *simple unembarrassing* method of stopping the screw from being relaxed, where it is necessary to allow the tourniquet to remain fixed on a limb, in order to save the life of a patient, till proper measures can be taken to secure any large artery, or even to enable a surgeon to perform an operation alone,* should he be so circumstanced as to have no alternative but the death of one given in his charge—Thus is it effected: A hole is made in the thickest and most central part of the *upper* brass plate, at one of the *sides* where there are no rollers; this admits a small horizontal screw to oppose its point firmly against any part of the large perpendicular one, in such manner as to render it immoveable by any thing accidentally interfering with the handle; and this, I believe, is all that as necessary.†

The alterations here proposed, it is evident, do not in any way affect the usual mode of application of the Screw Tourniquet, nor is any difficulty created but that of passing the strap over *two* more rollers; and this, I hope, is compensated by the advantages arising therefrom.

Any trouble I may have had in attempting this improvement I shall deem amply repaid, if it meet the approbation of those who, in the service of their country or the community, are placed in situations requiring their assistance.

EXPLANATION OF THE DRAWING.

a. A hole for receiving the screw b. to stop the handle from turning, by opposing its point firmly against the large perpendicular screw connected with it.

c. c. Additional rollers.—d. d. Rollers which were *useless* in the tourniquet as hitherto constructed; their use here is evident.

e. The fixed point from whence the tape (when the tourniquet is applied) should not move.

The remaining parts need no references.

Particulars to be attended to by Instrument Makers.

The rollers should be moderately thick, and should not be polished, but rather made artificially rough, that the tape may catch on and make them turn; as every roller which does not thus turn, has the same effect in retarding motion as a drag placed on the wheel of a carriage.

The rollers should be at such a distance from each other, and from the middle pillars of the plates, that a double of *strong, thick* tape may pass easily

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* Without other surgical aid.

† The merit of this part of the improvement (or alteration) belongs to the ingenious artist, who made the instrument from which the drawing (where it may be seen) was taken, Mr. Byrom, North Main Street, Cork.

easily between them; and the *upper* ones should be placed in the intervals of the *lower* ones, thus:

A piece of thick smooth leather should be placed under the whole inferior part retained, by passing the strap through slits cut in it.

OBSERVATIONS ON THE MODE OF CURING THE TINEA CAPITIS; *by* MR. JAMES BARLOW, *of Blackburn, Lancashire.*

ON reviewing the various remedies which have been adopted for the cure of this disease, both by ancient and modern writers, some of which at times have appeared in your Journal; and having reason to doubt their efficacy, as a sovereign remedy, I am thereby induced to offer to the public, the following mode of treating this obstinate malady. It appears evident, from the numerous and diversified means which have been recommended for this cutaneous affection, that practitioners in medicine must have frequently experienced great difficulty in accomplishing a cure.

The intractableness of most children, when attempted to be controuled or governed by the accustomed mode of treatment, proves, in most instances, a material obstacle in the way of treating this malignant disease; and the quickness with which the hair of the scalp grows in children, has hitherto also, in most instances, rendered every effort ineffectual. It was from a constant failure under these inauspicious circumstances, that led me to adopt the subjoined lotion; and I am happy to say, that by bathing the affected head therewith a few times, morning and evening, and suffering the parts to dry without interruption, the scabs will decorticate and peel off from the scalp, and leave the parts underneath perfectly healed; and this without torturing the patient by either shaving the head, or cutting off the hair. This application I have invariably found to answer (when duly applied) both in children and adults, and in many inveterate cases, even where every other means had been previously used without effect, some of which were of several years standing.

℞. Kali sulphurat (recens preparat) ʒiij. Sapo alb. Hispan. ʒjß. Aq. calcis ℥vijß. Spir. vinos rect ʒij. M. ft. lotio pro tinea capitis.

Might not the above remedy for tinea capitis be efficacious in relieving that dreadful endemic disease, called trichoma, or plica polonica?

October 20, 1805.

Mr. Mantal, in Reply to Dr. Kinglake, on Gout.

[Continued from our last, pp. 355—361.]

This mode of reasoning, if it be just, applied to Dr. Kinglake's argument, by which he would prove gout to be a disease of the ligaments and tendons, from a constitutional sympathy, resembling that which occurs in sprain, must deprive it of all authority. His argument is a paralogism, which, by proving too much, really proves nothing. It would assimilate gout not only to sprain, but to all those disorders and accidents, in which a similarity of systematic commotion is discoverable. Until, therefore, Dr. Kinglake can prove by less controvertible arguments, until he can appeal to *facts* for the truth of his assumption, I must still remain unconvinced that gout originates and chiefly continues on the tendons and ligaments; and *agree rather in opinion* with those Physicians, who describe it, as an "inflammation of the *membranes that cover the joints.*" Dr. Kinglake asks me, *what are those membranes?* denies the existence of any, excepting the cellular; and affirms, that even the cellular no where distinctly envelopes the joints. It might be sufficient for me to refer him to those for an answer, who first taught that doctrine. I only declared my assent to their opinion. I did not claim to be its author. But having adopted their term, I am ready to declare the sense in which, I conceive, they employed it. I had said, that the actions of the inflamed *membranes of the extremities* were associated with those of the *membranous parts* of the stomach and liver. If Dr. Kinglake had duly enquired, what kind of analogous structure equally subsists in those different parts of the body, his question had been superfluous. It is evident, that membrane is here used in a sense, different from that in which Dr. Kinglake would employ the term. Not only the whole surface of the body and all its cavities are covered with membrane, but it forms every cell, lines every vessel, unites every fibre; even that complicate intertexture, composed of the mouths of the absorbent system, the excretory ducts of the capillaries, and their attendant arteries, veins and nerves, must be, strictly speaking, all membranous. (See Darwin, Sect. 26). The minuteness of these vessels can be no objection to this definition; for their sides must consist of the same simple material as the more perceptible membranes, and are, therefore, equally entitled to the same denomina-

tion. The immediate seat of inflammation in gout, I suppose to be, the capillary vessels, or glands; and that they secrete, in their *inflamed state,* that viscid humour, which hardens into chalk-stones, in consequence of the absorption or evaporation of the more fluid part. The same system of vessels, when inflamed, probably effuses into the interstitial parts of the liver, that solid material called *scirrhus;* when the association between that organ and the stomach and skin, is prevented from taking place by unknown causes, and no gout is produced on the membranes of the joints. But whether it is this system of vessels only, or the whole of that intricate construction of absorbents, exhalants, arteries, veins, and nerves, by which the inflammation is propagated from the viscera to the joints; and whether the tendons and ligaments might not from sympathy of contiguity fall into the general inflammation of the surrounding parts, it would perhaps be of no use to enquire. Science would gain nothing by so minute an investigation. It is a sensible remark of some writer, whose name I do not recollect, that "Mankind is always more benefited by attending to the *large, open, and perceptible* parts of our frame, than by studying too much those finer nerves and vessels, the conformations and uses of which will for ever escape our penetration."

Dr. Kinglake thinks the doctrine inadmissible, which represents torpor as a cause of inflammation. But I appeal to facts. The torpor of an intermittent occasions the succeeding hot stage. The torpor of frozen hands is the cause of their subsequent inflammation. In affirming torpor to be the cause of inflammation, I used a popular, not a philosophical language. I diligently avoided the disputable question, in what manner it produced that effect; but in a thousand instances the *fact* is open to observation. Darwin's theory of the accumulation of vital power during the inactivity of the torpid parts may be true or false; I had nothing to do with it. The *fact* alone was the foundation of my reasoning. The theory seems to be needlessly introduced by Dr. Kinglake, for the purpose of refuting it. It is founded upon what is indisputably true, that vital power, by whatever name it is called, is the only efficient cause of motion or action to animated matter. Philosophically speaking, torpor is but a previous condition, the *inert* cause; the vital power, the only *efficient* cause of inflammation. It is inconceivable to me, but it may not be so to Dr. Kinglake, how torpid parts can act with increased energy or become inflamed, the stimulus

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not being greater than usual, unless we admit the explanation, of the *accumulated vital power* during their quiescent state. Alternate rest and activity is the very law of our Nature; thus the quiescence of night recruits our muscles for the labour of the ensuing day; in other language, "the vital power accumulates in circumstances of inaction." But how does Dr. Kinglake attempt to refute this doctrine? "If a part be torpid, he says, it must be deficient in the necessary energy to generate an excess of vital power." Here is a petitio principii, which will never be granted; an assumption, which rests upon the foundation of no proof; it is determining, what will probably for ever escape our knowledge, *where the vital power is generated.* Darwin, however, at whose doctrine this shaft is hurled, would never suppose that it was generated in the torpid parts of the system; or that they, in any state, possessed an energy, independently of the vital power. Is not the vital power *dissipated* by the activity of the animal motions? But how can it be *dissipated* and *generated* by the same activity? This is, indeed, blowing hot and cold at the same time; it is the "*inflammatory torpor*" of Dr. Kinglake's own imagination; the offspring perishes, before it comes to the birth; nay, before it is *generated* in the nidus, Dr. Kinglake has provided for it. He first supposes, that a *torpid* part cannot *generate* vital power. What is this but declaring that its *activity* is necessary to the production of that source of life? And then, "when vital power abounds, that it is *dissipated* by the irregular actions of violent disease." This argument, with respect to *consistency,* seems allied to those, which, as Dr. Kinglake observes, "may be convenient to hypothetical reasoning, but will not satisfy the just demands of scientific enquiry."

Another objection, urged by Dr. Kinglake, convinces me, that he did not accurately conceive either my meaning, or the theory, which he opposes; when he thought the following interrogatories, in the remotest degree, applicable to its refutation. He asks, "how does the idea of torpor comport with the usually existing state of the system of those, who are most afflicted with gout? Does not an attack commonly ensue a series of intemperance in eating and drinking, or some other stimulant excess? Does it arise after a course of abstemiousness? Is it not manifoldly proved, that the torpor (if Mr. Mantal will have it) of extreme sobriety and temperance very generally prevents the periodical recurrence of gout?" The proper answer to these questions will direct us to a conclusion,

sion, very different from that which Dr. Kinglake would deduce from them. The torpor of the vital organs I suppose to be the consequence of excess; the permanent result not of occasional debauches, but of a long course of habitual, excessive, previous stimulation; which first produces an increase of all the animal motions. But debility, or inirritability, with torpor, is the invariable consequence of all undue action; whether we apply the principle to the muscles, that are obedient to the will, after violent and long continued exertion; or to the eyes, after exposure to too strong and intense a light; or to the stomach and liver, that have been subjected to the constant influence of excessive *vinous* stimulation.

The *natural* stimulus of the stomach, that which excites it into sufficiently energetic action without inducing premature debility of that organ, is evidently mild animal and vegetable substances. That these are the only proper food of man, to the exclusion of the more stimulant kinds, as of spirits, wine, and spices, is rendered probable by the consideration, that their elements are found by chemical tests to be the same, and almost to exactness in the *same proportion to each other;* a most material circumstance, as they are found in our own substance. But in wine, for instance, by far the most common and most legitimate parent of gout, the quantity of hydrogen far exceeds the proportion of the other elements; and possessing great stimulant powers, excites the parts to which it is applied, into unnatural and excessive action, to be followed by a proportionate degree of debility and consequent torpor.

If the stomach is the part to which this unnatural stimulus is applied, whence does it happen that the morbid impression, as in gout, discovers itself in the extremities? The vis medicatrix naturæ may produce a metastasis of the morbid action from the vital to the most remote parts. But possibly some may consider this as an imaginary power. I will at present wave the question of its existence, and try to explain the fact another way. I bow to the authority which ordains, "Nec Deus intersit, nisi dignus vindice nodus inciderit." The explanation, indeed, is beset with difficulties; it is a "nodus," but perhaps not "Deo vindice dignus;" it may be untied without supernatural aid.

It is evident that the stomach of those most afflicted with the gout has been unduly, and disproportionately to the other parts of the system, excited into action for a long

long course of years by stimuli stronger than natural: whence an increase of action and of strength at first, and subsequent debility of that organ, the invariable result. Other parts of the system are excited into action by their own peculiar stimuli; which perhaps are always the same, or nearly so; for instance, the sanguiferous by that of blood, the lacteal and lymphatic by chyle and lymph; which are the natural and appropriate stimuli of their respective systems of vessels; exciting them into sufficiently energetic contractions without inducing subsequent debility. When the contractions of the stomach are stronger than natural, owing to excessive stimulation, as of wine, other parts are stimulated not only by their own peculiar fluids, but by sympathy and association with the increased actions of the stomach. It is probable that those actions, which are the result of associations, are in general performed with greater energy than the primary ones, which occasioned them. This question is, perhaps, important; but I will not now enter upon it; though the solution of it would probably shed considerable light on the production and remote causes of many diseases. Thus the liver is confessedly more hurt than the stomach, although the stimulus is only applied to the latter organ. A *triple* association may here be supposed to take place; first, between the stomach and the duodenum; then between, the duodenum and the ductus communis; and, finally, between the ductus communis and the secretory vessels of the liver. Dissections make it highly probable, that the injury is conveyed to the liver through the means of the ductus communis. Dr. Saunders (page 240 of the last edition of his excellent Treatise) tells us, that "the diseased structure may be traced from the stomach along the course of the ductus communis, and that he has frequently seen these ducts so contracted and thickened, that they could not transmit bile."

The purport of this reasoning will now be obvious, and will furnish us with a plausible, if not a real, explanation, why gout should particularly exert its influence on the extremities. The cutaneous capillaries had been excited into undue actions by their association with those of the stomach, or liver, or both; these actions are performed with greater energy than those of the stomach or liver, because they are *actions of association*. The consequence of their greater activity must be the same, which we find to result invariably from all unnatural exertion; proportionate debility and torpor. And the reason why these effects should

appear at the extremities rather than in other parts may be, that the increased action is propagated from the central to the extreme parts, and acquires strength in its progress; whence greater activity at the joints, and greater consequent debility and torpor. The effect of this torpor, the peculiar characteristic inflammation of gout.

Much of this reasoning, it must be owned, respecting the *manner* in which gout is produced, is conversant on a subject of great obscurity; and therefore will probably be deemed fanciful in the judgement of the most candid critics. But whether it be founded in truth or error, is of little consequence, provided the *fact* be allowed, which I principally contend for, and which, I think, is undeniable, that *the general torpor of the system, for a few days or a week, is the usual precursor of a gouty attack.* For every unprejudiced mind will be convinced, that this torpor is in some manner intimately connected with the subsequent inflammation; and that the *constitutional* ailment deserves our principal regard, when we institute a mode of cure for the *local disease.* Dr. Kinglake speaks with approbation of my comments on Mr. Baker's case; but the point chiefly laboured in them, which Dr. Kinglake himself notices, is, that "*systematic tone* may be established through the efficiency of *articular inflammation.*" It is far from being certain that the patient will *not,* it is highly probable that he *will,* if the inflammation be cured previously to the establishment of systematic tone, be liable to worse disorders, equally the consequence of the defect of systematic energy. Gout seems to be the commencement of disorders originating in a broken constitution, in a decay of those essential vital organs, on the due performance of whose functions the energy of the inferior parts in a great measure depends. Hence palsies, apoplexies, dropsies, spasms, wandering pains, tremblings, sickness, vertigoes, loathing of food, and a hundred other disorders, which are *usually imputed to the gout;* but their true cause, I believe, is rather to be sought in the *decay of the vital organs,* their previous excessive stimulation, than their unsusceptibility of being duly stimulated, and their consequent debility and torpor. The same disorders may be expected to arise, with still greater certainty and with aggravated symptoms, if the inflammation of the extremities be encouraged, or suffered to rage, beyond what is necessary to energize the system as far as it is capable of energy, and restore the sufferer to his usual state of imperfect health. For then, to all the other causes of decay, the debilitating effects of

protracted

protracted pain and violent excitement, arising from the inflammation, are to be added.

Notwithstanding the length to which these remarks have been carried, it is impossible for me to conclude without requesting a little further indulgence. In commenting on Mr. Mace's case, I had taken no notice of a circumstance mentioned by the Reporters, Messrs. Scott and Taynton, that "the patient had on former occasions suffered as much constitutional indisposition when the parts affected were covered with flannel, as under the present cooling mode of treatment." Dr. Kinglake says, "the entire silence with which this important fact is passed over, presents a regretful instance of Mr. Mantal's discovering *more solicitude to confirm his own speculation*, than *fairly to solve the question at issue*." The motive, here imputed to me, is totally inconsistent with *the love of truth*. The wilful concealment of important facts is just as criminal in my eyes, as *the forgery of cases* can be in the estimation of Dr. Kinglake, for whatever purpose either of those crimes is committed; and for the same reason, because it is equally injurious to truth. Dr. Kinglake, therefore, in accusing me of this crime, condescends to imitate Mr. Edlin, against whom a general outcry has been raised, because he only intimated to his dying friend, at a moment of extreme anxiety, when reflection was asleep, that possibly Dr. Kinglake's cases were coined for the purpose of establishing his theory. But I am here taxed with the concealment of important facts, when no friend is to be saved by the innocent fraud, when reflection is perfectly awake, and when it is evident that nothing could be more senseless than to attempt a concealment of what had been openly published to all the world. I hope Dr. Kinglake will believe me, when I assure him that nothing but truth is the object of my research, and of all my speculations; and that he will certainly at all times be mistaken, whenever he shall attribute motives to me different from those which I profess, or that are incompatible with the strictest honour and sincerity.

I will now give him my reason for passing over in silence what he is pleased to call "*an important fact*." Had the cold not been employed, I am ready to admit the extreme probability that this patient would have suffered constitutional ailment as at former times. But perhaps the immediate cause would not have been so conspicuous as it was on this occasion. Habit alone might have produced it, at least must have created a predisposition to it so strong,

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that the smallest debilitating influence would certainly have occasioned similar systematic ailment to appear. This concession ought not in my opinion to lessen any one's belief, that the cold was that debilitating influence, which operated the systematic disorder at this time. We are told, "No sooner was the first wet-cloth applied, (and it was unremittingly applied for two hours) than an unusual torpor of the system, with sickness and pain of the stomach, was the immediate consequence." Who, but Dr. Kinglake, can doubt, whether the cold, or previous habit, was immediately concerned in producing these effects? My conviction was so strong, that the mischief resulted from the cold, that I intentionally overlooked (but not with *that* intention which Dr. Kinglake attributes to me) an observation, to which I thought little regard was due; not only because it seemed to unsay all that had been said before, (for the Reporters evidently intended to convey the notion, that the mischief resulted at this time from the cold,) but because the observation is expressed in *general* terms; because no particulars of the attacks alluded to are detailed, from which to form a correct judgement; and because I was commenting, not on the former fits of gout with which the patient had been attacked, but only on that, with the particulars of which I was made acquainted. The Reporters would have been more consistent either in suppressing the remark entirely, which in its present situation can only tend to throw all into confusion, and to invalidate, if not totally to destroy the inference which was intended to be drawn from the statement just before given; or else, along with the remark, in *detailing the particulars* of one or more of those former attacks, for the purpose of enabling us to discover, if possible, what other debilitating influences might have occasioned the same constitutional effects, notwithstanding the flannel over the parts affected.

In respect to the unfortunate case communicated by Mr. O'Neal, though nothing can be more evident than that the theory is not responsible for the *whole* nor for the *greater part* of the mischief which ensued, yet I cannot entirely absolve it from some share of blame in the first instance. Was there not "*excessive temperature*" in the considerably *painful and inflamed feet?* And when *that* is either "threatened by uneasiness, or characteristically shown by violent inflammation and pain," we are directed to "resist it by the topical use of cold water." We are told that this treatment, on the principles of the theory,

"is

"is replete with caution." It is granted; but the principles of the theory in excluding the viscera from gout are denied. The internal affection in this case was of the utmost consequence; but the Theory is silent respecting it, the *excessive temperature* of the part is the only criterion. Dr. Kinglake will not contend for a torpor of the viscera in this case, while the foot was considerably painful and inflamed: For he assures us, that "as the viscera are highly susceptible of original as well as sympathetic inflammation, and as it is not likely that gout should inflame the dense structure of the joints and fail to produce inflammatory effects on the vital organs, so it is at variance with his uniform observation that visceral excitement in gout should be founded in *torpor*." And yet both Cullen (First Lines, 524) and Heberden (p. 44, Comm.) never met with an instance of gouty *inflammation* attacking the viscera. Here is direct evidence adduced, both in affirmation and denial of a matter of fact. It is but reasonable that judgement should go with the majority of witnesses.

I am aware that Dr. Kinglake's Theory does not admit of inflammatory gout attacking the viscera (p. 41 and 131 of the Dissertation), and that in this respect it accords with the experience and observation of those great men, whose authority is thus set in opposition to him. But neither will he admit of the torpor; that is, there is neither excess nor defect of action in the constitutional ailment, which so frequently occurs before and during the paroxysms. But where there is neither excess nor defect of action, there must be perfect health; an opinion, which, as applied to the affection of the system in gout, will hardly obtain a *plurality* of suffrages in its favour.

I have now completed my design. I am not conscious of *passing over in silence* any arguments or facts, that can be deemed important towards elucidating the question I wish to solve. Truth is as congenial to my mind, as it can be to Dr. Kinglake's. But it is the lot, and the misfortune of humanity, to be much oftener in error than in the right. There is more of uncertainty than of certainty in all our reasoning; there are, indeed, but a few certain truths. Convinced of this, if I am unable to overcome my opponent by dispassionate argument, I will disdain to have recourse to the aid of invective. If I can give him "implicit credit for integrity and honest intention," I will spare him the reproach of "intemperate zeal." Dr. Kinglake knows that if his theory be founded in truth, it has nothing to

fear

fear from any one's "*declamatory refusal.*" Like pure gold, it will come out of the furnace unchanged in its properties. It is the interest of the public, that it should be put to the severest test; and no attempts that are conducted with moderation, that tend to ascertain and determine its validity, its claim to the high character of truth, can properly be deemed "premature."

I am, &c.

Bromley, High Elms, Oct. 18, 1805. JAMES MANTAL.

Vaccination, and Re-inoculation with Variolous Matter, at the Foundling Hospital.

To the Editors of the Medical and Physical Journal.

Gentlemen,

I Presume that an account of the trials which vaccination has undergone, in the Foundling Hospital, as a preservative against small-pox, will not be deemed undeserving a place in your useful publication.

After the vast and satisfactory mass of evidence which has been accumulated, from every quarter of the globe, to establish the safety and certainty with which vaccination counteracts small-pox, the few cases here mentioned would probably not have been published, had not some late unfavourable statements excited considerable alarm for the safety of those who have undergone vaccination; and deterred many from having recourse to this preservative. The importance and estimation of the public charity in which the proofs, here recited, of the efficacy of vaccination were obtained, may also give them more weight, in the estimation of the community, than those derived from a much greater number of cases in private practice.

Inoculation with cow-pox matter was first introduced into the hospital on March 30, 1801, when two girls were vaccinated by Mr. Ramsden, surgeon to the charity, with matter supplied by Mr. Griffith, surgeon, of Lower Grosvenor Street. On April 10, two girls and six boys were inoculated with matter taken from one of the children first vaccinated. On September 15, two more girls were inoculated with vaccine fluid, a second time supplied by Mr. Griffith,

Griffith; and from those two girls and from one another, in succession, eight more children were vaccinated, during the ensuing months of the same year. One of the above children was inoculated four times before she had the disorder; but all the rest were affected from the first insertion of the vaccine fluid. The only symptoms which occurred were the usual inflammation, vesication, and scabbing of the punctured part, and, in some cases, slight febrile indisposition, which was not in any instance so considerable as to require medical assistance.

On March 24, 1802, one girl was vaccinated without being infected, and was re-inoculated on May 17, when two more girls and five boys underwent inoculation, with vaccine matter taken from a patient sent from the Small-pox Hospital. On May 25, six girls and one boy were vaccinated from the preceding patients, and excepting that the girl first inoculated had matter inserted into the arm four times, and another thrice before she underwent the disorder, neither any local or constitutional symptoms occurred in any of the children vaccinated in this year, except those which characterise the disease.

In the course of the year 1803, thirty-three children were vaccinated with matter procured by Mr. Ramsden, for the first cases, and afterwards produced by patients in the hospital. They all took the infection from the first insertion, and passed through the disorder in the same favourable manner as those vaccinated in the two preceding years, as did also thirty-four children vaccinated in the month of April in the present year.

On August 9, 1802, all the children who had been previously vaccinated, amounting to thirty-five, were inoculated with variolous matter taken from a child brought from the Small-pox Hospital to the Foundling Hospital. In most of these cases, the puncture presently healed; in some slight inflammation was produced, and in three or four cases there appeared a small acuminated pustule, which, after some days, was succeeded by a slight scab, no constitutional disorder having intervened.

In November 1804, in consequence of apprehensions excited in some of the Governors of the Foundling Hospital that vaccination might not be a permanent security against small-pox, twenty-one of the children who had been first vaccinated in 1801, and afterwards variolated in 1802, were a second time inoculated with matter taken from a child labouring under natural small-pox, and brought as before from the Small-pox Hospital.

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The result of this trial, made three years and a half after vaccination, confirmed its preventive power. The only effects produced were slight inflammation about the puncture, in some cases; and in a few others, a small local pustule which soon disappeared. These cases afford decisive evidence, as far as their number extends, that the preservative influence of vaccination is not diminished in the above mentioned period, exceeding the term in which the eruptions and other symptoms of small-pox occurred in the patients, previously vaccinated, whose cases have been published by Mr. Goldson.

The same twenty-one patients also supply the most satisfactory evidence to invalidate Mr. Goldson's supposition, that eruptive diseases may remove the security derived from cow-pox. During the period which intervened between their being vaccinated in March 1801, and variolated in November 1804, six of them had scarlet fever and four measles. Ten of them had hooping cough also, which proves that these contagious febrile disorders, which so powerfully affect the constitution, have no influence in diminishing the efficacy of vaccination. As the first inoculation with variolous matter, in 1802, produced no constitutional affection, it cannot supply an argument against the durability of the antidote for three years and a half.

I shall feel great satisfaction if the above evidence, deriving weight from the public institution in which it was obtained, should relieve the fears of any of those who have confided in vaccination, or encourage others to have recourse to it.

I cannot omit the present opportunity of adding my tribute of admiration of Dr. Jenner, who first established the power of vaccine inoculation in preserving mankind from that loathsome and fatal disease small-pox. Whether we consider the importance of the discovery, the penetration with which he investigated, the ability with which he confirmed, or the candour with which he made it public, Dr. Jenner is justly entitled to the gratitude and admiration of mankind.

I am, &c.

C. STANGER.

Lamb's Conduit Place, Oct. 20, 1805.

To

To the Editors of the Medical and Physical Journal.

GENTLEMEN,

DR. MOSELEY, in his Treatise on the Cow-pox, which he disingenuously confounds with the murrain, tells us, he has inoculated thousands in the West Indies, and in Europe, without losing a single patient. This is a question which I am not competent to decide; never having heard the name of any person inoculated by him: but having been told that a child of the Earl of Rosslyn had died of inoculation, under Dr. Moseley's care, I wrote to his lordship, who did me the honour to inform me, that he has had the misfortune to lose two children by the inoculated small-pox; that one of them was attended by Mr. Dundas, and, his lordship believed, by Dr. Moseley. The other was attended by Mr. Knight.

In order to investigate still further the particulars of the first case, I wrote to Mr. Dundas; who favoured me with the following particulars. In September 1792, Mr. Dundas was applied to by Mrs. Bouverie, the mother of the Countess of Rosslyn, to inoculate a son of her ladyship, six months old. He was troubled with a wheezing; on which account Mr. Dundas advised that he should not be inoculated. Dr. Moseley was then consulted; and having given his opinion that there was no reason why the operation should be postponed, Mr. Dundas had no longer any option. He was therefore inoculated; and had the confluent small-pox, of which he died on the eleventh day. Dr. Moseley was not present at the time of the inoculation; but saw him once or twice during the progress of the disease.

Mr. Dundas does not know, whether Dr. Moseley ever saw the child whom Mr. Knight inoculated; but every rational man will coincide in opinion with him, that when Dr. Moseley wrote on the subject of vaccination, with these cases fresh in his memory, it was natural to expect, he would have been rather less violent in his opposition to the practice.

A few days since, I received a letter on this subject from an eminent physician, in which he observes, that although a complete refutation of Dr. Moseley's pamphlet is published, "every person will not read it; and death and destruction are extending on every side. *In London, one child is killed by the small-pox every three hours, reck-*

oning

ening day and night; and these murders go unpunished." My correspondent also expresses his "fear, that *the apostles of destruction preach harder than those of salvation.*"

One medical man, in the neighbourood of the metropolis, had a few days ago, two patients lying dead, slain by his lancet; and another was expected to share the same fate.

The following intelligence, which I lately received from a correspondent at Edinburgh, will, I doubt not, afford great satisfaction to many of your readers. "Vaccination, as far as I can judge, is here *universally adopted.* A case of confluent small-pox occurred in the hospital a few weeks since. Dr. Rutherford, the Clinical Professor, advised us, rather to regard it as a *curiosity* than as a case of importance; *as we should probably not see another.*

"Dr. Gregory, and all the other physicians and surgeons, whom I have heard deliver their opinions on the subject, speak of the annihilation of the small-pox with equal confidence. Dr. Gregory in particular, when lecturing on the small-pox, observed, that he should treat the subject very lightly, as he expected, in a few years, it would cease to exist in this country."

The following case of casual cow-pock is probably more ancient than any one on record, except that of the Duchess of Cleveland in the time of Charles II. It was communicated to me by Mrs. Richardson, housekeeper to Mr. Jervoise Clarke Jervoise. Her sister-in-law, daughter of the late Mr. Perry, pewterer, in Fore Street, informed Mrs. Richardson, that her mother had a disorder in her infancy, which a medical man assured her would prevent her from ever having the small-pox. Mrs. Perry died upwards of forty years ago, and was then about fifty years of age.

To this anecdote I shall add another, tending to shew how generally the opinion of the antivariolous property of the cow-pock has prevailed. Mrs. Reynolds, at No. 10, Stewart's Rents, Drury Lane, informed me, that two of her sisters, and a brother, had the casual cow-pox, twenty-seven years ago, at Newcastle, near Limerick. She often heard her relations say, that the cow-pox prevented the small-pox. Her sisters have frequently been exposed to the small-pox, since that time; each of them having had children labouring under that disease, one of whom died of it. Her brother was also exposed to the small-pox, twenty years after he had the cow-pock; but escaped infection.

I now

I now beg leave to add some other cases of the small-pox occurring a second time. Mrs. Norris, No. 4, South Street, Grosvenor Square, was inoculated for the small-pox at the age of five months; in consequence of which her arm rose, and she had an eruption of about fifteen pustules in different parts of the body. The cicatrix on the arm, and the marks of some of the surrounding pustules, are still visible.

Ten years afterwards, her sister had the small-pox in a severe manner, and was blind several days. Mrs. Norris caught the disease from her by contact, and had much previous indisposition; the eruptive fever being far more severe and alarming than that of her sister, although the eruption was less. One remarkable pit, the effect of this second eruption, is very conspicuous on her cheek. The medical practitioner who attended her, wished to take matter from her for the purpose of inoculation, but this she refused.

The foregoing case was communicated to me by Mr. Merriman, who very judiciously remarks, that it is one proof, in addition to many others, of local small-pox, attended with violent fever and general indisposition; in the same manner as those symptoms sometimes occur in persons who have undergone vaccination.

Miss Browne, daughter of Mr. Browne, in George Street, Adelphi, was inoculated for the small-pox at Exeter, by Mr. Cornish, together with three children of the Rev. Dr. Halloran, of Alphington. Her arm rose well, she sickened, and had an eruption; and was much more indisposed than either of the children inoculated with her; being very delirious about the turn of the disorder. Four years after, when residing in Bartlet's Buildings, she had the small-pox severely in the natural way, and was attended by the late Mr. Darley. She has many marks of this second attack remaining; and on this occasion, the children of the Rev. Mr. Wood, Chaplain to the Lord Mayor, were inoculated from her. The children of Dr. Halloran have hitherto resisted the infection of the small-pox.

Another case of the small-pox after inoculation occurred in a daughter of Mr. F. Albert, Page to the Queen. She was inoculated by that eminent surgeon, Mr. Bromfield, who not only paid particular attention to the practice, but also published a treatise on the subject, which is now in my possession. Mr. Bromfield was satisfied with the appearances, and pronounced her safe; but she afterwards

wards caught the small-pox from her brother, and had a heavy burden.

I have now before me the copy of a letter from Dowager Lady Peyton to Dr. Jenner, dated Darsham House, July the 10th, 1805, in which her ladyship gives an account of her successful practice in vaccination; and subjoins the three following cases of persons who have had, or at least apparently had, the small-pox twice.

1. In the year 1777, a postilion, who lived in her ladyship's family, was not inoculated when the children and some of the servants underwent that operation, because he and his parents declared he had already been inoculated by Mr Framingham of Swaffham, and had an eruption of small-pox, attended with constitutional indisposition. Soon after the children and servants recovered, this young man was attacked with the small-pox, and had it very full.

2. In the year 1790 or 1791, a butler in the service of her ladyship's brother, who had been several years before inoculated by Mr. Mudd, a surgeon near Bury, was seized with the small-pox soon after his return from London, and had it in so violent a manner, that he narrowly escaped with his life.

3. Major Dode, formerly of the Suffolk Militia, who married a relation of her ladyship, was declared by his family to have had the natural small-pox twice; and both times severely.

Some little estimate of the frequency of failures in variolous inoculation, and of a recurrence of the small-pox, may be formed from the foregoing communication; when we consider that one individual, not of the medical profession, here furnishes three instances of the kind.

I have also had the pleasure of perusing a letter from Dr. Barboza to Dr. Jenner, dated Bay of All Saints, Jan. the 26th, 1805, in which he states, that having carried vaccine matter from England to Lisbon, and succeeded in exciting the disease, he furnished himself with a fresh supply when he sailed for Brazil, but it there failed to produce the desired effect. He therefore acted, as every one in such a situation ever will act, who has the least regard for the interests of humanity; he sent some boys to Lisbon, who being vaccinated in succession, conveyed the recent matter to Brazil.

Upwards of seven hundred people had been vaccinated since the 30th of December, in the Palace of the Governor Mr. Menezes, who, with a zeal that reflects on him great honour, had done every thing in his power to promote this

this beneficial practice. He then intended to send matter to Rio Janeiro and Angola; and the Viscount of Anadia, Minister of the Marine, and of the Colonies, had given orders for that purpose to all the Governors of Brazil. Dr. Barboze is appointed Superintendant of Vaccination.

While attempts are daily made here at home, to crush the practice, by the grossest misrepresentations, and the most base and infamous falsehoods, it cannot be superfluous to add one other document, in order to prove, if any further proof is necessary, that in this instance, as well as others, the old adage is verified, 'that no prophet is honoured in his country.' It is part of a letter from Mrs. Clifton of Demarary, who some time ago came to England, on account of the education of her children; and, when at Cheltenham, was instructed in vaccination by Dr. Jenner. She also paid great attention to the practice while in London; and, on her return, carried matter back to that settlement. I had long ago transmitted some, which proved successful, as was already stated in your Journal; but Mrs. Clifton informed me, that after the garrisons of Demarary and Essequibo had been vaccinated, it was lost, the natives in general, who are of Dutch extraction, being prejudiced against inoculation.

On Mrs. Clifton's arrival at Demarary, she found all the faculty busy in inoculating for the cow-pock; and her own people had already undergone the operation. She observes that the patients under vaccination, in that climate, are more indisposed than in England.

I am, &c.

JOHN RING.

To the Editors of the Medical and Physical Journal.

GENTLEMEN,

As my public situation affords me great opportunities for the registering of cases, I have for some time attended to that kind of study, and I have now selected four from the case-book for publication. If, after you have reviewed them, they should meet with your approbation, and be deemed worthy a place in your very useful miscellany, the

Medical and Physical Journal, you will very much oblige me by inserting them in the next Number.

I am, &c.

ROBERT EARNEST,

Oct. 7, 1805. House Surgeon to the Sheffield General Infirmary.

No. I. *A Case of incessant Singultus, which continued Five Days successively.*

The subject of this case was a man fifty years of age, had been a free liver, and drank hard; he was emaciated, and had (from the colour of his complexion and tunica conjunctiva) the appearance of a person with chronic hepatitis. There existed much languor and debility in the functions of the body, and a loss of appetite. Fluids were his principal support. The hiccup was in a general way accompanied with pain in the stomach.

During the first four days the following medicines were prescribed, but without the desired effect, viz. æther, opium, camphor, musk, magnesia, and other absorbents. On the fifth day he began with the annexed mixture, which relieved him almost immediately, and in the course of that day carried off the complaint altogether.

R. Mistur. camphorat. unc. iij. tinct. lavend. comp. spt. ammon. comp. aa. dr. iv. M. fiat mistura, cujus cap. cochl. j. ampl. frequentur indies vel pro re nata.

I visited this patient several times in the night-time and I found that even during sleep, the singultus did not cease, whence I name it incessant.

The stomach in this case was judged to be the seat of the complaint, as the patient very frequently complained of much pain and soreness about the scrobiculus cordis, acid eructations, and sometimes of nausea.

Singultus is said to be a spasmodic affection of the stomach, œsophagus, and muscles subservient to deglutition, and diaphragm; but from what has been stated before, I have every reason to believe that the stomach alone in this case was the seat of the complaint.

No. II. *A Case of Fungus Ulcer.*

T. B. a man forty-nine years of age, of the middle stature, his habit apparently cachectic, complexion sallow, and had lost the vision of the left eye by that disease called by Dr. Cullen Caligo Corneæ.

Some

Some time in the year 1803, he was attacked with a continual dull aching pain, not far above the wrist of the right hand, nearly over the inferior extremities of the radius and ulna. In the course of a few months a tumour gradually took place in the pained part.* Ulceration had been produced by various external acrid applications, that the patient had been advised to make use of, which in the end inflamed and excoriated the outer integuments of the tumour, and shortly afterwards it degenerated into a large fungus ulcer, measuring between eleven and twelve inches in circumference, which was extremely irritable, and would bleed freely upon the slightest touch. This ulcer was the cause of continual pain, and sometimes such a profuse hæmorrhage would come on as to demand the aid of styptics and compression. The loss of so much blood from time to time, with so much continual pain, &c. had reduced the patient's health and strength very materially. He went on in this manner a very considerable time, his health and strength all the while declining very seriously. At length he was recommended to the Infirmary in the last week of June 1804, but there appeared now no remedy likely to prove salutary, but the operation of amputation of the arm below the elbow, as the parts above the ulcer appeared to be in a sound state. The operation was proposed to the patient and he readily consented to it, and accordingly the arm was removed on the Friday, in the first week of August. The stump healed and cicatrized kindly, and in about a month after the operation, the man was discharged cured.

I first injected and afterwards dissected the parts diseased, in order to ascertain what had been the cause of so much hæmorrhage, and the production of so much fungus.† This was very soon confirmed as I found that the interosseal artery, in that branch which serves the extensor digitorum communis, of the third and fourth fingers, near the end of the ulna, to be diseased and ruptured; the

 cutaneous

* This was a fungus tumour, which I suppose in many respects resembled the fungus hæmatodes spoken of by Mr. Hey, in his book entitled Practical Observations in Surgery; wherein he has enumerated many cases of this disease. I think there is a great similarity between this case and that of Ann Wood's, which is Case x. in Mr. H's book, but with this difference, the radius in her case was diseased, but in this case the bones were sound, as will be explained above.

† In cutting into the substance of this fungus, it very much resembled a medullary kind of mass of various colours.

cutaneous vein was in a varicous state, the periosteum and bones were perfectly sound.*

No. III. and IV. *were Cases of Chronic Syphilitic Complaints, wherein the Thyroid Cartilage had become deeply ulcerated.*

One of the subjects of the above cases, No. III. was an American sailor, nearly fifty years of age, and had drank spirituous liquors freely; he had had syphilis frequently; and upon inspecting his body after death, two open buboes were discovered, one in each groin, which the patient had never mentioned, although such an enquiry had been made. The other subject, No. IV. was an Englishman, and was forty-two years of age; he had been abroad a good deal as a drummer in the army; also been in the habit of drinking hard; he likewise had been infected with syphilis several times.

The symptoms of these two cases were so analogous to each other, that I have thought it proper to speak of them jointly, and the symptoms were as follows: viz. general emaciation; a small, weak, quick pulse; loss of appetite; breathing attended with great difficulty, pain and anxiety, and at every inspiration there was a loud crowing of the voice, and he was frequently alarmed by a sense of suffocation, accompanied with flushings of the face; cough and expectoration, wandering pains of the extremities; but whenever either complained, it was chiefly of pain in the throat, pointing at the same time to the upper and front part of it. The difficulty in breathing was much increased in the act of swallowing.

The broken down and emaciated constitutions of these two patients, would not admit of pushing a full and regular mercurial course; however, various slight mercurial remedies, along with tonics, opiates, fumigations with the hydrarg. sulphurat. ruber. and a nourishing diet, were administered, but all without any beneficial or lasting effect, as they both went on gradually declining with what I should term tabes syphilitica, which in the end destroyed them.

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* Quere.—Is it not probable that the fungus hæmatodes (so skilfully described by Mr. Hey) may be produced and fed by the rupture of some artery, but more particularly some medullary artery, being primarily affected by the caries of bones? as I am pretty sure that I have seen several cases of fungus of this description, where the bones have been carious at the same time.

As these patients so particularly complained of pain about the thyroid cartilage and trachea, I was very solicitous of ascertaining the cause; I therefore dissected out the larynx with part of the trachea; I then examined the parts externally, and found all natural in appearance, excepting that the parts in general being in a state of enlargement. I next laid open the larynx and trachea longitudinally, and discovered the internal membrane to be considerably thickened and inflamed, and was covered with a great quantity of viscid mucus; and the thyroid cartilage itself was deeply ulcerated.*

If what has been discovered in these two cases, should at any future time be the means of pointing out more successful or efficacious remedies in similar cases, I shall be sufficiently rewarded for my trouble in recording and publishing them.

To the Editors of the Medical and Physical Journal.

Gentlemen,

SINCE the days of Sydenham, and other more ancient authors, diseases have assumed a far different aspect; many have been imported into this island of a truly deplorable kind, while others rage with latency and obscurity, and from their insidiousness are extremely difficult to be detected.

CASE.

Mr. H. aged forty-one, of a strong, robust, athletic constitution, and of character extremely temperate, was, at the express desire of his friends, requested to consult me; not that he manifested any idea of the slightest indisposition whatever, for, to use his own expressions, relative to medical assistance, for I cannot convey them more clearly than by giving them verbatim, viz. "I feel perfectly well, am free from pain, and possess an appetite as good, nay, if not better than at any period

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* Being now convinced of the cause of so much pain and uneasiness in the throat, I desisted from further inquiry, notwithstanding, in all probability the whole length of the aspera arteria was affected in the way I have mentioned above; and no doubt the lungs would have been found in a state more or less diseased.

of my life, but I must confess that I have restless nights." His family were, notwithstsnding this firm and powerful assertion, seriously alarmed for his safety, his looks being ghastly and cadaverous, together with a reduction of muscular power and florid countenance, which until then he had universally assumed; at last, at their impressing solicitations, he assented to their project, and I was desired to visit him. I found him cheerful, yet his pulse vibrating 120 in the minute, irregular and intermittent, the heart palpitating to a great degree, the sound of which I could distinctly hear against the ribs, and the nervous system struggling under a most powerful degree of irritability. These unpleasant symptoms and alarming appearances, placed me in considerable difficulty relative to the plan of treatment that might be most successfully employed. I therefore hesitated not a moment in declaring to one of his friends, the unfavourable opinion I had formed, and requested a consultation might be held. A physician of eminence, philanthropy, and observation, and for whose abilities I shall ever entertain the highest respect, was twice applied to; he proposed and most strenuously recommended the tonic plan of treatment, which was partially put in execution, but not sufficiently to warrant us in the expectation we had formed of its efficacy in this extraordinary case, for, I must confess, we could neither of us give it a name.

A few doses of medicine not effecting a cure, he, for a time, relinquished them altogether, in hopes the uncertain malady would prove its own physician. But, alas! he was egregiously mistaken, he hourly grew worse; seemed fully awoke to his deplorable situation, and expressed a wish that I might be again consulted. I accordingly visited him, and found all the symptoms previously enumerated, considerably exasperated in their nature and tendency; appetite impaired, and a degree of pyrexia pervading the whole system, with a depression of the mental functions.

Suggesting to myself, that the quickness of pulse, and increased action of the vascular system, might be caused by an organic affection of the heart, or some morbid derangement of the vessels closely connected therewith, together with the great irritability, induced me to have recourse to that class of medicines which have a power of reducing the quick action of the heart, and of restoring the lost energy of the nervous system: therefore determined upon trying the digitalis and castoreum, aided by the tonic powers of chalybeates and myrrh.

Never

Never did medicine for a time more conspicuously promote its object; the pulse became regular, the heart assumed its natural functions, nervous irritability ceased, and there were strong marked appearances of the general return of former looks and good health; but this important and favourable omen soon subsided, his complaints returned with a degree of violence that wounded the feelings of all who saw him; it was then considered a hopeless case, and that he would soon arrive "at that bourne from whence no traveller returns." However, as a dernier resort, the exibition of mercury was concluded upon; the system became early influenced by its powers, its sovereign effects arrested the progress of the disease, and crowned him with the blessings of health to the great joy of his family and a large circle of friends; and I feel a pride in attesting, that a period of twelve months has elapsed since the completion of the cure, with a full enjoyment of every comfort.

I am, &c.

Sandback, Cheshire,
Oct. 21, 1805.

T. HOLLAND.

An Account of a Fifteen Years Pregnancy, where the Child was contained in the Urinary Bladder; by Professor JOSEPHI, *of Rostock.*

(Communicated by Dr. ARNEMAN.)

A Woman, 47 years of age, tall and well made, and in good health from her infancy, after having been once well delivered, became pregnant the second time. A few weeks after conception she had her menses, and this continued, a few intervals excepted, till the seventeenth week of her pregnancy. During the first period she complained much of sickness, vomiting, and sometimes obstruction of the body. At the usual time she felt the movement of the child very plainly. After the first half of the pregnancy was passed, she became affected with violent colic, and most excruciating pains, during which she was thrown upon a bed by a woman. Since this time she constantly felt, on the right side, at the annulus abdominalis, a very disagreeable sensation whenever the child moved, as well as during the period of its growth. Sometimes she experienced spastic constrictions almost to her toes. In the course of the thirty-seventh week, towards evening, she complained

complained of violent pains, with shiverings, and a sensation as if the bowels were drawn downwards. The abdomen was much swelled, and the pains rising to a most excruciating height, ended at last in a palsy of the right leg, which continued three weeks. After this time she no longer felt the movement of the child, nor has she ever been well. Her breasts were filled with milk.

Towards the fifteenth month, a discharge of corrupted or putrid blood was observed from the genitals. A month after, her menses again appeared, and lasted from this time during her life, yet not quite regularly. The general state of her health occasionally improved, and excepting frequent pains in her bowels, and a pressure on the urinary bladder, she felt herself tolerably well. In this state she remained nine years, when the direful catastrophe began. After having experienced several violent frights, she had a severe fit of shivering and colic, which affected the whole body, and terminated in pains like those of women in labour; these continued several hours; and the next morning the patient found herself affected with the ague, which lasted a quarter of a year. From this period she suffered from a painful ischuria, with violent spasms in the abdomen, and seldom experienced even a few minutes easiness. Being constantly under the necessity of making water, she was obliged to rest on her knees, or to be in a forward bent posture; the quantity of urine was small, resembling a whitish purulent matter, and often mixed with pieces of a thick jelly.

After three years had elapsed, she observed a hard body in her urethra; and at the expiration of a few months she evacuated with the urine a greyish stone, of the size of a horse bean, which gave her some relief. Consulting with her physician, he administered various medicines; in consequence of which, a bone, by appearance the tibia of a child, passed off with the urine, under violent agonies. A few days after another stone came off, and a piece of the bones of the head. In this manner she brought away by degrees ninety-four stones of different size, the largest resembling a bean; they were differently formed, but all of a white colour; likewise a number of bones of the head, some vertebra, six teeth, part of the fibula, and twenty-one flat pieces of bone.

In about a year after, a bone stopped the mouth of the urethra, and caused almost insupportable pain; her physician therefore resolved to make an incision in the urethra, after which he extracted the lower jaw bone, and the

the patient obtained some relief. But all her sufferings increasing from time to time, she went to Rostock, and Professor Josephi was consulted. All the physicians residing at this place were called in, and they agreed that the child was contained in the urinary bladder, and nothing but an operation could save the patient. It was, therefore, resolved that by making an incision in the urethra and the neck of the bladder, the patient might be delivered.

By an exact examination, the abdomen was not at all distended, only close above the bones of the pubis, and more toward the right side, the hard parts of the child were very plainly felt; and by pressing this part the patient always experienced very sensible pains. The genitals were well formed, only excoriated by urine. The pelvis was well shaped, the vagina more contracted, and the uterus small, empty, of its natural form, and drawn up very high. The bladder was much extended, and the hard parts it contained could be plainly felt. The urethra was likewise extended, and at the orifice swelled and tumid. The colour of the patient was pale and cachectic, and her sufferings beyond description. Always laying on her knees, she never enjoyed more than a few minutes rest or sleep; her appetite was pretty good.

In order to afford the patient some relief, the external application of the volatile ointment with opium, and lenient warm cataplasms, were ordered. Inwardly, the extract of henbane and the laudanum liquidum Sydenhami. With the assistance of a catheter the urine was drawn off with difficulty: also lenient glysters were applied. Every trial to take away the different parts contained in the bladder with instruments was fruitless. The instrument always slipped off, and it was impossible to catch any of the parts; besides, the application of the instrument always increased the spastic affections. No other resource was left, but to make an incision, and to try by this mode to obtain the extraction of the parts.

It was thought advisable to make the incision in the urethra and the neck of the bladder, but Prof. Josephi preferred the incision above the os pubis. The operation was performed in the presence of five physicians and several surgeons.

The patient was previously ordered to take an opening glyster, and to drink freely of barley water. During the operation she was placed horizontally upon beds on a table, the head a little elevated, the knees rather bent and distended, the operator standing between them. A closed catheter

catheter was applied in the bladder. The incision was made above the arcus ossis pubis, towards and through the linea alba, about three inches long, one inch below the adhesion of the peritonæum; the knife was thrown in the bladder, so that the point of the instrument and the finger of the left hand entered together. The bladder was not as in the natural state, membranous and thin, but thick, hard, and fleshy. At the opening the urine passed out; the catheter was opened directly, and the incision in the bladder dilated about an inch long. The Doctor found the whole bladder entirely filled with hard and pointed pieces of bone, besides a number of soft parts. The incision therefore was about an inch more dilated, and one hundred and twelve pieces of bone, partly entire, and partly corroded, were taken out; besides, twenty pieces of stony concrements, some cartilages, part of the skull and face, and the bowels, of a dark blue colour, adhering to the omentum and mesenterium. The femoral bones were about three inches and a quarter long, other bones were covered with a calcareous concrement, and several of them adhered so firmly to the inner coat of the bladder, that they could not be taken away but by force. The inner surface of the bladder was rough, thick, uneven, spongy, and totally different from its natural texture. At the bottom of the bladder an opening was to be felt, and in putting the fingers through it touched the bowels of the patient.

During the operation the unfortunate woman remained very quiet, notwithstanding violent spasms in the abdomen commenced, during which the bladder was contracted, like the uterus in labour. The whole operation was performed in forty-two minutes, and scarcely four ounces of blood were lost. The dressing consisted of ung. simplex spread upon lint, and a soft compression fastened with the T bandage; the wound of the integuments was contracted with strips of adhesive plaster.

After the operation the patient did pretty well; she complained of no particular pain, and desired to look at the different contents taken from her. She took some water-soup, and gruel was ordered for her drink. In the afternoon she complained of cold, and a painful sensation in the wound, more towards the right side; her pulse was from 85 to 95, quick, and spastic, and the whole body covered with a cold perspiration. A sedative ointment was applied to the body, and a saline draught with the addition of opium prescribed. The pain was diminished,

as

as well as the spasms, and she enjoyed some sleep at intervals. Through the catheter some bloody urine went off. During the night she slept about an hour, and, on awaking, complained of colic and hiccup.

The next morning her pulse was 90, and very thin; the hiccup sometimes was so violent that she was thrown upwards. The body was uniformly warm, the abdomen not painful nor hard. She perspired a little; the urine went through the catheter, but the body was constipated, and different glysters were applied without any effect. At noon she complained of a pressure at the scrobiculum cordis; the pulse became very quick and small, and she vomited a good deal of slime. In the evening she became very weak, was always slumbering, and sometimes convulsed. An emulsion with camphor was prescribed, and glysters of valerian, &c.

On the third day, at five o'clock in the morning, the body became loose with most fœtid dejections. Her face was entirely altered, and every symptom of approaching death appearing; she expired the same morning at eight o'clock.

The next day the section was made. The abdomen was much distended and hard; the wound shewed a good appearance, and likewise the genitals; the omentum and mesenterium were without fat, and empty of blood, but no sign of inflammation or gangrene. The liver was of an ash colour with several spots. The vesicula fellis much extended with gall and stony concrements. There was no blood extravasated, nor any urine in the cavum abdominis, but about four ounces of a yellowish, thin, and bad smelling matter was contained in the pelvis, towards the right side. The wound in the bladder was about two inches, and much distended. The whole bladder had a thin, spongy, and in many parts cartilaginous texture, with a great many spongy excrescences; at the upper part a hole was found, about the size of a six-pence, hard and callous. Towards the right side a bag of three inches was observed, adhering to the bladder, and containing part of the bowels (intestina tenuia). By examining these parts minutely, another opening at the other side of the bladder was detected, about two inches and a half in diameter. Thro' this hole part of the bowels passed into the bladder; it connected with the peritoneum, which formed a separate bag in the bladder, the surface of which was smooth and covered with a purulent matter. The uterus was quite natural, also the tuba and the ovarium on the left side; at the

the right the tube was wanting, only a remaining part adhered firmly to the bladder. The right ovarium was likewise deficient, only the vessels of this part remaining. All the other parts of the abdomen were sound, and in their natural state. Prof. Josephi draws this conclusion, that, at the beginning, the pregnancy had taken place in the right ovarium; that the pieces of jelly, which the patient evacuated with the urine, were the dissolved soft parts of the fœtus; and that the stony concrements were formed from the dissolved bones, according to chemical analysis, and consisted entirely of phosphat of lime.

On the good Effects of Opium in curing the Bite of the Snake, (*Coluber Berus, Linn.*) *By* Doctor Gassner.

A Country boy, eight years old, walking bare-footed in a forest, felt suddenly a pain at the middle of his left foot; soon after another near the condylus internus, which not regarding, he continued his walk, thinking it to be the effect of a nettle or thistle; but soon after he felt a third more violent pain at the tibia. Looking to the cause of it, he was frightened to find a snake winding herself round his leg, wounding these parts by different bites. Upon calling for assistance, he was carried home. During this time a swelling arose from the foot upwards to the integuments of the head of that side, so that he was unable to move any joint. He was often sick, and every fit of vomiting was accompanied with fainting.

Dr. G. found the patient cold, and the whole left side, from the face downwards, of various colours, blue, red, black, yellow, &c. hard like a stone, and swelled. The pulse trembling, and of such quickness, that it was impossible to count the pulsations; his head deranged, constantly sick; the lower jaw-bone drawn close to the upper one. Upon putting, with great difficulty, a little water between his lips, he suddenly became convulsed, and the tongue being thrown out, had a dark blue colour.

Dr. G. dilated the wounds, and ordered them to be washed with vinegar, and afterwards a blister to be put on. The swelled parts were rubbed with warm cloths, and afterwards with the tincture of opium. Round the neck and the lower jaw-bone a cataplasm of the leaves of henbane with the addition of opium was placed; and inwardly,

wardly, twentydrops of laudanum Sydenhami prescribed. During twelve hours, 145 drops of laudanum were taken with very great trouble, when the vomiting diminished and the patient became a little more quiet. A slumber overtook him, during which the swelling abated, the warmth returned, and a perspiration was brought on, soon changing to a cold sweat. The laudanum was discontinued.—The swelling became more soft, the pulse rose, decreasing in quickness; and the next morning the swelling was almost entirely gone, and the patient in perfect possession of his senses. The blister had drawn a great quantity of water from the wounds; gradually the swelling entirely diminished, leaving only the colouring of the skin. By the use of camphorated spirit of wine, the spots were absorbed within eight days, and the patient perfectly recovered.

To the Editors of the Medical and Physical Journal.

Gentlemen,

THE eruption which is occasionally seen upon children who have undergone vaccination, (though by no means peculiar to them) and which has lately been denominated the *cow-pock itch or mange*, is very exactly described by Dr. Willan, in his Classification of Cutaneous Diseases, Order I. under the name, *Prurigo.*

" The Prurigo originates without any previous indisposition, generally in spring or the beginning of summer. It is characterized by soft and smooth elevations upon the skin, which seldom appear red, or much inflamed, except from violent friction. They are accompanied with a sense of itching almost incessant; this is however felt more particularly on undressing, and often prevents rest for some hours after getting into bed. When the tops of the papulæ are removed by rubbing or scratching, a clear fluid oozes out from them, and gradually concretes into thin black scabs. Notwithstanding this change, the itching does not abate, and by the constant friction, which it demands, inflamed pustules are sometimes produced.

" This species of prurigo mostly affects young persons. Those who have originally a delicate or irritable skin, must in the same circumstances be the greatest sufferers.

" The

"The eruption extends to the arms, breast, back and thighs; and often continues during two or three months of the summer. When persons affected with it, neglect washing the skin, or are uncleanly in their apparel, the eruption grows more inveterate, and at length changing its form, often terminates in the itch. Pustules arise among the papulæ, some filled with lymph, others with pus; the acarus scabiei begins to breed in the furrows of the cuticle; and the disorder becomes contagious."*

The above described disease is well known to arise from a great variety of causes; I have never been able to trace it as evidently originating from vaccination, nor can I comprehend the arguments of those gentlemen who contend for the reality of this origin.

If for the sake of argument we allow the possibility that these eruptions may be the consequence of vaccination, I do not know how to get over the difficulty of accounting for their appearing so rarely; how happens it that only one child in a series of inoculation with the same virus should be thus attacked? A is inoculated with vaccine virus, passes through the disorder regularly, and has no eruption afterwards. B, C, D, and E, are inoculated from A; E only has an after-eruption; from E are inoculated F, G, H, and I, not one of whom has the least appearance of eruption. Can any one, then, in the habit of reasoning about the causes of diseases, contend, that the eruption upon E, was the consequence of vaccination? If the eruption be the *necessary* consequence of introducing vaccine virus into the system, such effect should (according o every known law of the propagation of disease) be constantly, or at least much more generally, produced.

Another difficulty to be solved, is the circumstance of the great difference in regard to the length of time after inoculation before the appearance of the eruption. Cutaneous diseases in some children have been attributed to the cow-pock, although generally several months, and in some instances, even years had elapsed after the inoculation, before any eruption was discoverable. How is this to be accounted for?

There can be no doubt, but that the learned author of "The rational and improved Practice of Physic," the exploder

* See the description and mode of Treatment at large in Dr. Willan's valuable work on Cutaneous Diseases, Order I. p. 71. This part was published in 1798; it is evident therefore, that the disease was well known long before the cow-pock had begun to be inoculated.

ploder of all false doctrines, has duly considered this subject; and can give the most cogent reasons in support of the opinion which he so publicly and peremptorily maintains; unfortunately they are not to be found in his late publication on the Cow-pock Mange, &c. May I be permitted to express a wish that this enlightened Physician would favour the Readers of your Journal with some Observations on the particulars above mentioned. An elucidation of these difficulties will be of much general utility as well as a favour conferred on

AN HUMBLE ENQUIRER

November 10, 1805.

To the Editors of the Medical and Physical Journal.

Gentlemen,

THE utility of endeavouring to find some effectual remedy for Epilepsy, must be particularly obvious to those whom practice has enabled to prove the want of efficacy in every remedy hitherto proposed for the cure of that disease.

The success attending the application of galvanism, as described in the following case, has induced me to make it public; hoping that others may experince the same advantages from the use of it.

In the month of June last, Mr. S—, a person about thirty years of age, was taken early in the morning with stupor, alternating with almost complete loss of recollection. These symptoms succeeded each other at intervals for a few minutes duration. He took a walk to a neighbouring village, thinking the fresh air might take off his indisposition. After taking a little refreshment, he was suddenly seized with an epileptic paroxysm. He fell to the ground, and continued insensible for near an hour. During his fall, he received a wound above his right eyebrow, from which it was supposed he lost half a pint of blood. When the fit left him, he felt no indisposition excepting weakness. He continued tolerably well for about a month; and then felt a return of those symptoms which had preceded his first fit. He went to the shop of a surgeon, and was bled; and as soon as the operation was ended, he rose from his seat; his voluntary powers left

left him, and he again experienced a paroxysm of epilepsy.

He took some medicines; and at the end of another month, he again perceived the symptoms which had been the forerunners of his former fits. In this state he applied to me, and requested I would make use of my galvanic apparatus. The power was applied for about ten minutes; and the distressing symptoms were considerably abated. The operation was repeated in two days afterwards: and was applied the third and last time, when he felt the precursory symptoms of the disease in a more violent degree than he had ever done before. He was in a few minutes restored to the perfect use of his senses: the much dreaded fit did not return, and he has ever since been free from its effects.

The following remarks may be necessary, to elucidate the above case. The disease was never known to exist in the family of this patient. In the evening previous to his first fit, he had drank a larger quantity of ale than usual. The debility in consequence of this excess, might be an exciting cause; but perhaps, was not alone sufficient to produce the disease, as he several times since has done the same with impunity.

The machine made use of, contains 1120 square inches of surface. Two ounces of the muriatic acid were used to each pint of water used in the operation. The first and second times of its application, the power was gradually increased till very unpleasant sensations were produced. It was applied, " a capillis, usque ad unguis." The third time, from the uppermost cervical vertebræ to the feet; and then, from the same part to the extremities of the fingers.

When we consider the extensive range of the powers of Galvanism; and at the same time how much it is under the controul of the operator, we see resources in it, which are not found in pharmaceutic remedies. We can by the help of this fluid, ascend in a moment, from the mild and pleasing stimulus of the flesh-brush to the powerful one of an electric shock. We can cease to stimulate with the same facility. We can produce the effects of a rubefacient, or a blister; and where painful sensations are necessary, they may be procured instantaneously;

A description of the effects of galvanism in other diseases, will be given at another opportunity.

I am, &c.

Nottingham, Nov. 7, 1805. JOHN WHITLAM.

To the Editors of the Medical and Physical Journal.

GENTLEMEN,

A Person, about the age of forty, desired my advice concerning a diseased testicle. It was nearly the size of a small pomegranate, very hard, quite free from pain; and the spermatic process free from all appearance of disease. Castration, he said, he was resolved not to yield to; and only wished to know whether I could think of any application likely to rid him of his disease. I gave him my opinion freely, on the great improbability of his being relieved by any other means: and though I rather advised him to submit to the operation, yet there were traits in his constitution which induced me not to press it, and made me pleased that he was previously bent against it.

He had a highly sallow, diseased complection, a general want of muscular flesh and firmness; a frequent colic, sometimes attended with a diarrhæa, and oftentimes with an obstinate constipation.

During the space of twelve months he took a variety of medicines, and saw a number of practitioners, but found no relief, neither did the testicle in that time suffer any material alteration, or the process become in the least changed. He died of a stubborn and painful dysentery; and when he was opened, his mesentery was found full of large, hard, schirrous knots; all the lymphatic glands about the receptaculum chyli remarkably diseased, and the liver greatly enlarged and indurated.

Birmingham, Oct. 24, 1805. AMICUS.

To the Editors of the Medical and Physical Journal.

GENTLEMEN,

I Have just read the observations of Dr. Walker, on the bony covering of the brain, and I must at once allow that they are equally ingenious and erroneous. At the first blush, there appears something very plausible in the idea, that the equal and temperate resistance of an osseous investment should so regulate the vital current, as not to im-

pede a due performance of those actions so essential to our existence. But disarm this conjecture of its specious robe, and it must vanish into empty air. I hope that my expressions will not be misapprehended; I have no wish to treat with levity the opinions of a man whom I cannot but respect, but I must maintain that facts, as they stand, will go to controvert his theory.

It will be admitted by all, that the cranial bones serve to lodge and defend their contained parts; and that their figure, or formation of skull, is admirably adapted for such purposes: but this figure is not moulded for the internal parts, they fashion it themselves, and take that capacity of building which their offices may require.

Dr. Walker asks, if a bony case did not exist, under great increased action of the heart, "to keep every part of the medullary mass firm in its place, would there not be a rupture of delicate parts; interruption of their ineffably and incomprehensibly curious functions or intestine motions? Would not intellect become immediately deranged? Would not death soon close the scene?"—I answer, No. The cranium has but to lodge and defend its contents, and its figure and capacity are determined by them. What resistance is given to the internal parts in the infant state? none: ossification is then very imperfect, and the envelope is not asked to resist, but is made to yield; yet at this time, if resistance ever were required, it would seem more peculiarly requisite, as the hurry and vigour of circulation are greater than at any future period; but if obtained, that scene of fatality must inevitably ensue, which the Doctor would so much dread from its want of application.

If the circulation of the blood through the brain does not require tempering by an osseous covering in the infant state, should it be wanted at an adult age? This office is performed by the blood-vessels, which are so distributed within the cranium, as generally to regulate and moderate the circulating fluid with effect; but the head is subject to disease, and falls a prey to the baneful consequences of long-continued increased action, or determination of blood, as readily as other parts of the system; and it is reasonable to suppose, if its bony covering could controul its circulation, that a restraint so equable and permanent would defeat the efforts of irregular action.

I am, &c.

Bedford, Oct. 7, 1805. JOHN PULLEY.

To the Editors of the Medical and Physical Journal.

GENTLEMEN,

THE medical world has already been informed, through the medium of several periodical publications, that Dr. Tadeo Lafuente; Physician to the Spanish Forces, and Inspector of the Public Health in the Camp before Gibraltar, intends shortly to publish a Treatise on a new Mode of preventing or curing the Yellow Fever. If you deem the following analysis of that Treatise, which has been printed by order of the Spanish Government, worthy of insertion in the Medical and Physical Journal, it is very much at your service.

Dr. Lafuente's great specific is bark, administered in large doses. The Doctor is aware that the public opinion, both at home and abroad, is rather unfavourable to his favorite medicine; and he is even inclined to admit, that there is some ground for the complaints daily preferred against the use of it; but then the fault lies not in the medicine itself, but in the mode of administering it. If the Doctor's own method be adopted, the cure of the yellow fever is equally certain with that of a tertian ague; and this method consists in giving the patient at least six or eight ounces of bark in the first forty-eight hours of the disease. Indeed, it is absolutely necessary to take the bark as soon as the symptoms of the fever make their appearance, without losing one moment, as appears from the following observations made in the village of Los Barrios, but little distant from St. Roque. There, says the Doctor, out of ninety patients, who took it between the first and the eighth hour of their falling sick, not one died, except a man who was carried off by the gout, under which he laboured at the same time. Of eight patients, to whom it was administered between the eighth and the tenth hour, all recovered. Of five, who began between the twelfth and the twenty-fourth hour, three recovered and two died. Of twenty, who never resorted to it till the second day, thirteen recovered, and seven died. Of seventeen, who waited till the third or fourth day, eight recovered and nine died. And, finally, out of eighty-nine who made no use of the bark, but took other medicines (sudorifics included) only twenty-two recovered, and the remaining seventy-seven died. Upon which the Doctor observes, that they who took the above quantity of the bark in the first ten hours

hours, at once put a complete stop to the disease, and found themselves perfectly well and able to go out on the fourth day, without entering upon the second and most dangerous stage of the fever, which begins on the third day; whereas those who lost time, and entered more or less upon the second period, experienced its symptoms with more or less violence, and ran more or less danger, though they might recover in the end.

Dr. Lafuente and Don Joaquim de Bobadilla, Physician of Los Barrios, used, at first, to clear the stomach, by giving the patient some slight emetics; but the women and others, who being now acquainted with the efficacy of bark, often attempted to cure themselves without medical assistance, taught the Doctors not to lose one minute in these or other customary ceremonies, as they may be called. It was observed that the patients recovered, whether they took emetics or not, and that it was highly important to be cautious how they were used, as they took up a good deal of time, and left the stomach in such a state of irritation, that it could not keep the bark; in such a manner, says the Doctor, that, every doubt being now removed from the minds of the judicious part of the inhabitants, they contended, as it were, which should take most bark in the first forty-eight hours, or should begin earliest. No other medicine, therefore, was resorted to by the greatest number of patients, than getting half a pound or more of bark in powder, from the very moment they felt the first shiverings, and swallowing it in large spoons full, which might contain an ounce, or half an ounce, or at least three drachms of bark, every two hours, without losing time, or allowing themselves rest or sleep, either by night or day. Nay, there were some sick, who took ten, twenty, or even thirty-eight ounces of it in a few days, after a relapse brought on by carelessness or excesses, and sometimes without necessity, and merely for greater security. However, the Doctor advises such as wish to make a moderate use of the bark, to divide every ounce into three doses, and take one every two hours, and a little broth in the intervals; by which means they will take the said eight ounces in twenty-four doses, in the first forty-eight hours.

Should the patient throw up one of the doses, he ought to take another immediately, so that there may be no diminution of the abovementioned quantity of eight ounces, without allowing him to lose more than a quarter or half a quarter of an hour, to quiet the irritability of the stomach.

mach. If there had been any neglect, or time lost, he should take one dose of the bark, to be repeated in an hour afterwards, and at the third hour some broth may be given; going on in this manner, without allowing him one moment's rest, till the lost time be recovered, or the danger averted, which might have arisen from neglect or delay.

The vomiting which accompanies this disease, does not usually begin before the third day; and this is an additional reason why not a moment's time should be lost in the first forty-eight hours. To patients who, from a natural dislike to the bark, cannot retain it in powder, it is recommended to be administered in the form of pills. If, notwithstanding, it should still continue to be rejected, Dr. Lafuente recommends one or two table spoons full of the following mixture to be taken between the doses.

℞. Syrup. papaver albi ℥j. Spirit. cinnamomi ʒj. Vini, vel aquæ (ad libit. patient.) ℥vj. M. fiat mistura.

But Dr. Lafuente does not confine himself to laying his observations before the public, and proving their authenticity by a legal instrument, signed by twelve properly qualified individuals, he also confutes the objections which might be made against this method; and, among other assertions, maintains, that people of the most delicate constitutions may swallow as much bark as they chuse; that the fever, in its first period, is not inflammatory; and that though the copious and hasty administering of bark may bring on a temporary retention of urine, it may easily be cured by rubbing the lower part of the belly with oil, and ought not to be confounded with the suppression of urine, which is usually a mortal symptom in the second period of the disease.

The Doctor likewise mentions, that he, as well as the above named physician of Los Barrois, and a friar, chaplain to the infected, kept themselves free from the contagion, at the time that it raged with the greatest violence, and when they were constantly among the sick, by taking half an ounce of bark every morning; and that having at last agreed to discontinue their daily medicine, in the confidence that the disease could no longer prove fatal to them, they were taken ill a fortnight or three weeks after, but soon got rid of the fever by taking some bark in the first forty-eight hours.

And, finally, Dr. Lafuente maintains, that by sending the sick to well ventilated cottages in the country, instead of confining them in hospitals, or other regular buildings,

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not only the patients themselves have more chance of recovery, but the nurses who attend them need not be under any apprehensions of catching the fever, as there was no instance of any of them having been taken ill among no less a number than one hundred, who were employed in a lazaretto of cottages, eight or ten yards distant from each other, which was established in the neighbourhood of Los Barrios.

From the analysis here given, it must appear that the practice recommended by Dr. Lafuente is not altogether so new as he seems inclined to suppose, for it is well known, that British practitioners, both at home and abroad, have long been in the habit of prescribing the cinchona, in various malignant fevers, from the very commencement of the disease, and in as large doses as the stomach can bear, without any regard whatever to the state of pyrexia, particularly if, from the known character of the epidemic, considerable remissions are not soon to be expected, and that great danger is apprehended from repeated exacerbations. Throughout the whole plan of his treatment, he appears to have placed his sole reliance on the bark; and in his exhibition of it, to have adhered with strict conformity to the practical rule of De Haen, "Neque pondus hic quicquam, aut mensura determinat, sed morbi levamen." Without entering at present into any particular examination of the author's mode of treatment, we shall only briefly observe, that while inattention to this rule has unquestionably proved the cause of its failure in cases wherein, otherwise, it might have succeeded, and that he acted judiciously in regulating the dose of the remedy in question, not by its absolute quantity, but by its relative effects, we cannot help expressing our surprise, that he never seems to have availed himself of the application of cold water, such a powerful and efficient remedy in abstracting redundant heat, and in dissevering the associated train of morbid febrile actions in the system.

R. H.

Clement's Inn, October 20, 1805.

To

To the Editors of the Medical and Physical Journal.

GENTLEMEN,

IN a communication of the 21st September, on the subject of vaccine inoculation, inserted in the Medical and Physical Journal for last month, I took occasion to lament the prejudices that have been so industriously, and but too successfully, circulated in this country against that practice; for though many have availed themselves of its salutary influence in shielding the constitution from the small-pox, it is yet certain, that several, particularly of the less enlightened orders of the community, have been deterred from its adoption, through the ill founded rumours propagated by the ignorant, and those who find their interest in decrying it. Impressed with the conviction, that such calumnies are best combated by the evidence of facts, I have transmitted for insertion in your Journal, the following extract from M. Mangourit's recent travels in Hanover; from which it appears, that after a cautious and extensive trial, by some of the most enlightened medical practitioners in Gottingen, vaccination has not only been universally adopted in that Electorate, but very generally throughout Germany, and that it continues every where to be crowned with the most compleat success. I am fully aware that we already possess ample information from various parts of the Continent, respecting this important subject, yet, I trust, it may not be deemed superfluous, to give as much publicity as possible to the statement of an intelligent traveller, who reports what he himself witnessed, unfettered by any preconceived hypothesis, and whose testimony therefore can admit neither of misrepresentation nor controversy.

"The physicians at Gottingen," observes M. Mangourit, "were eager to submit the new practice to the most rigorous examination; in consequence of which they have become fully convinced of its safety and utility. Professor Arnemann has vaccinated, gratis, the majority of the children in this city, and very few of the parents offered the least objection. M. Osiander has published an account of these experiments; the results of which are uniformly decisive in favour of the practice; in fine, all the physicians in Gottingen practise vaccination, without the smallest hesitation, and with the most compleat success. From the example afforded in this seat of the

sciences, the practice has been diffused throughout Hanover, and whole villages have been vaccinated. The peasants, who in general are rather averse from innovations of this nature, have however readily submitted to it, not because they are able to appreciate the evidence in its favour, but because the disease is so mild as not to prevent them pursuing their ordinary occupations. Vaccination is become so universal in every corner of the electorate, that the government have found it necessary to interfere, not with a view of interrupting the practice, but of regulating it, so far as to oblige practitioners to transmit every year to the regency, a tabular statement, containing the number vaccinated, their names, age, profession, place of residence, and the state of their healths; as well as a short account of the individual subject from which the vaccine virus was taken, the period of vaccination, its progress, and whether any maladies supervened. This regulation is yet too recent for me to speak of the consequences that may result from it; but the Germans are so fully convinced of the benefit and safety of the practice in question, that they have given to it the appellation of *schuts-blattern,* the protecting pock. The adoption of vaccination by the learned and professional men in Germany, whose opinions are never formed but in consequence of the most careful and enlarged examination, affords a more decisive proof of the efficacy of this practice than the assertions, the theories, and the most brilliant declamations of the French Physicians."

Clements Inn, I am, &c.

November 17, 1805. R. HALL.

To the Editors of the Medical and Physical Journal.

GENTLEMEN,

AS the two following cases exhibit rather a remarkable coincidence of failure, in the same family, of variolation as well as vaccination, on this account I take the liberty of relating to you the particulars, conceiving you may probably deem them worthy to be inserted in your Medical Journal.

In the year 1799, I inoculated with small-pox matter Joseph Chitty, th n about a year old; the arm went through

through the regular process of maturation; symptomatic fever of a mild nature took place about the 9th day, and the usual evanescing course followed. The father of the child asserts that one pustule had formed on the loins; but on this circumstance I, at this period, cannot bring my recollection to bear; however, in appearance, the effect of this inoculation had been sufficiently complete, to satisfy me in giving it as my opinion, that there was ample security against the contagion of small-pox in future.

This child, about the beginning of the last month, was seized with small-pox, and narrowly escaped with his life.

The brother of this child, the only one besides in the family, I vaccinated last spring twelve months, then about six months old; the arm of this child also exhibited all those criteria which vaccination generally puts on, such as the hardened phlegmonic base and inflammatory areola, encompassing the pustule from the 9th to the 11th day, and its gradual change to the dark brown prominent scab, which adhered a long time, leaving behind an indelible impression in the arm, such as in appearance, a second time, to enable me to warrant safety from small-pox influence. Again have I been disappointed, for, about sixteen days from the time his brother became affected, this child was seized with eruptive fever to a very high degree, and small-pox of the distinct kind followed.

The former of these cases was attended by Mr. Simpson, of Harpur-Street, Red Lion Square; and both have been witnessed by Mr. Ring, Doctors Willan, Pearson, Walker, of the Central Jennerian Institution, and others. The latter named gentleman had been sanguine, like myself, from the appearance of impression after vaccination, in assuring the parents, they might entertain no fear respecting its power of resisting the contagion from their elder child; *unfortunately*, the fact turned out otherwise. I think it material to state, that I have inoculated three patients with great attention, with matter taken from the last mentioned case, and have not been able to produce small-pox.

I am, &c.

WALTER DREW.

No. 79, Gower Street,
Oct. 14, 1805.

To

To the Editors of the Medical and Physical Journal.

GENTLEMEN,

I TAKE the liberty of reviving the discussion of Hydrophobia, which I am sorry was so soon dropped, trusting that the importance of the subject will be a sufficient apology for my intrusion.

I shall begin with remarking on the benefit which Dr. Bardsley seems to expect from the addition of arsenic to stimulants in the treatment of this disease, (Medical and Physical Journal, No. 72, p. 163.) that, I cannot reconcile a dose of it that is active (one that produces a sensible effect on the constitution,) with its being safe; nor, that the slow and imperceptible action of a dose of arsenic that is merely *safe*, can either promote or increase the stimulant property of other articles, particularly in a disease which so speedily extinguishes life.

What encouragement Mr. Hope could give to this practice, by his communication of the Colthorpe receipt, &c. has already been shown by an abler pen than mine; it is needless for me, therefore, to notice it further, than to add, that arsenic when found with tin or pewter is in a metallic state, and as inert, with respect to the constitution, as lead, mercury, or any other metal; therefore, whatever virtue pewter may be supposed to possess beyond its mechanical action upon the stomach, no part of it need be ascribed to the arsenic, with which it may be accidentally combined.

But I now proceed to the more immediate object of this letter, which is, to propose *Mercury* as a preventive of hydrophobia, in cases where the destruction of the bitten part cannot be done safely, or, what is tantamount, where it has been neglected.

Mercury, as employed with this view, is certainly founded on analogy; but if my authority is to be credited, it is also supported by experience.

It is easy to trace the analogy between hydrophobia and syphilis, as both affect the constitution through the medium of an external and specific inflammation; and "both may be prevented, by preventing this external and specific inflammation;" or by *immediately* destroying it: and I may add, that, the interval between the external or exciting cause and the constitutional disease, in both is nearly the same. From all this, may we not reasonably conclude,

conclude, that hydrophobia is as likely to be prevented by a course of mercury as syphilis?

The argument is further strengthened from the prophylactic power of mercury in another disease, to which, though it is not of animal origin, hydrophobia is still more closely allied, I mean tetanus, as it appears in the West Indies.

Both are sometimes spontaneous, but oftener they arise from an obvious and external cause; both are diseases of nervous irritation; both may be prevented by destroying the external *medium* through which they affect the constitution; both are distinguished by a peculiar spasmodic stricture, or convulsion;—in hydrophobia, about the fauces on the sight of liquids; in tetanus, in the course of the diaphragm on the slightest motion or effort of the patient; both are terminated in nearly the same time, and for the most part in the same way; tetanus is generally, hydrophobia is always, fatal.

The most obvious causes of tetanus are fractures, amputation, (except at the joints) and punctures in the soles of the feet, from fish bones, rusty nails, and the like; in such instances of puncture, the disease may in general be prevented, by laying the punctured part fully open, as recommended by Dr. Mosely, (in his Treatise on Tropical Diseases) and by exciting suppuration as quickly as possible, thus prevent the *specific* irritation, which constitutes the first link in the morbid catenation: no doubt, excision, or the potential cautery, would answer the purpose as effectually.

That excellent practical physician Dr. Clarke, of Dominica, having observed that when tetanus followed amputation, it generally came on about the seventh or eighth day after the operation, was induced to try if it could not be prevented by interposing a course of *Mercury*, so as to excite a slight ptyalism within that period, and in which he has generally succeeded.

Though the interval, when it is occasioned by a puncture, as mentioned above, has not been so precisely ascertained; yet as I have some reason for supposing that it is nearly the same, or a little longer, it may be presumed that mercury, judiciously administered as a preventive, would produce the same beneficial effect.

Tetanus has sometimes been cured by mercury; but it must also be acknowledged, that it has proved fatal, even after the specific irritation of meacury, in the system had been excited.

I need

I need not pursue this part of the subject any further, but go on to show, on what practical authority mercury can be recommended as a preventive in hydrophobia; and to this point shall mention first, the cases of Lieutenants A. and B. of the 36th regiment of foot, when it was stationed in India under Lord Cornwallis. Both these gentlemen were bitten, by a dog belonging to Lieutenant A. that was mad, though not suspected to be so at the time; however, that this might be ascertained, he was confined, and died two or three days afterwards, with every appearance of the disease. Mr. A. now became apprehensive of the consequence, and applied to M . H. the regimental surgeon, a very well informed man, and always attentive to every part of his duty. Mr. H. advised him, as it was now too late, *in his opinion*, to expect any benefit from the destruction of the bitten part, to undergo a course of mercury, as the only chance of safety that he now had, with which he complied, and persevered in it upwards of two months.

On the other hand, Lieutenant B. not only obstinately refused to use the same *preventive* means, but affected to laugh at the fears of his friend, and ridicule the *discipline* which he was about to undergo, as quite *unnecessary:* so true it is,

Quem Deus vult perdere, prius dementat.

Sometime after this, one day, when this gentleman went a hunting with a party of his brother officers, on coming to a rivulet or other piece of water, which they easily crossed, he found himself *unaccountably* unable to follow them, therefore turned back. Not willing, however, to be thought unwell, he went to dinner in the mess-room, but found his appetite quite gone; and on being asked to drink a glass of wine, he tried to raise it to his mouth, but found his jaws convulsively shut against it, was therefore obliged to set it down, saying, in a peevish tone of voice, that he could not take it. He sat in a sullen mood all the afternoon, now and then involuntarily exclaiming, that he felt himself much indisposed, but did not seem at all apprehensive of the nature of his complaint. As he was going out to the evening parade with the other officers, there was a slight shower of rain, when he was instantly seized with a fit of delirium, or phrenzy, and pulling his coat over his head, ran to his barrack-room, shrieking horribly all the way.

Mr. A. who had the fortune to escape the same fate, was accidentally killed about a year afterwards; and much

much about the same time the surgeon was surprised by a party of Tippoo Saib's banditti, who put him to death.

I had these cases from a very respectable and intelligent gentleman, a field officer in the same regiment, and who was present when these circumstances happened.

Professor Harwood, as I have understood, kept a person who had been bitten by a mad dog, under a course of mercury for three months, for the purpose of preventing hydrophobia, and succeeded.

Dr. Reid,* of Ramsgate, has giving several very striking instances of the prophylactic power of mercury, in several people who had been bitten by a mad dog, and of dogs also, that were saved by this means, whilst others, bitten by the same dog, to which it was not given, perished.

But to conclude, whatever may be expected from mercury, with the view here proposed, I readily acknowledge that I should not even propose it, (at least not yet,) unless I was convinced that the destruction of the bitten part was impracticable, or the patient would not submit to it.

Though I am sensible of the danger of speculating upon the cure of hydrophobia, yet I must here take the liberty of adding, that, if ever a case of hydrophobia should come under my care, I think, that along with electricity and other stimulants, I should be induced to try the effect of mercury, in every form in which it can be administered, to excite, if possible, its specific effect, as, in my opinion, the most likely means of saving the patient's life.

I am, &c.

Wallingford, Nov. 14, 1805. A. HUGGAN, M. D.

Botanical Description of British Plants.

[Continued from p. 169—174.]

8. Erica. *E. vulgaris.*

Ang. Common heath. Ling. Grig, *in Shropshire;* Hather, *in Scotland.*

Gen. Desc. Cal. four-leaved. Bloss. four-cleft. Filaments fixed to the receptacle. Anthers, cloven and perforated at top. Caps. four celled, four-valved, many seeded.

Spec.

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* Directions for Sea Bathing, sect. 12, p. 99.

Spec. Dec. *Anthers with two tooth-serrated awns at the base; leaves opposite;* arrow-shaped. Cal. has close to its base four or five circular, concave, coloured leaves, fringed with soft hairs, and outside of these, two or three partly resembling these, and partly the leaves of the cup. *Proper cup* coloured, resembling exactly the *blossom*, which is pale rose colour, sometimes white, not distended. *Heaths, Woods.* Bl. June, August.

Use. This plant is but little regarded in happier climates, but, in the bleak and barren Highlands of Scotland, it is made subservient to a great variety of purposes. In the Isle of Islay, ale is frequently made by brewing, one part malt and two parts of the young tops of heath: to which they sometimes add hops. Boethius relates that this liquor was much used by the Picts. The poorer inhabitants make walls for their cottages, with alternate layers of heath and a kind of mortar made of black earth and straw, the woody roots of the heath being placed in the centre, the tops externally and internally. They make their beds of it by placing the roots downwards; and the tops only being uppermost, they are sufficiently soft to sleep upon. Cottages are thatched with it also.—*Pennant.* Woollen cloth boiled in alum water, and afterwards in a strong decoction of the tops of heath, comes out a fine orange colour. The stalks and tops will tan leather. In England, besoms are made of it, and faggots to burn in ovens or to fill up drains that are to be covered over. Bees extract a great deal of honey from the flowers, but where heath abounds the honey has a reddish cast. Sheep and goats will sometimes eat the tender shoots, but are not fond of them.—*Withering.*

9. Populus. *P. alba.*

Ang. White Poplar. Abele-tree.

Gen. Desc. Fl. M. and F. in catkins on distinct plants. Calyx, scales ragged. Bloss. turban-shaped, mouth entire, slanting. Fem. summit four-cleft, caps. two-celled, seeds many, downy.

Spec. Desc. *Leaves* nearly triangular, toothed, angular, blackish green, white thick cotton underneath; *leaf-stalks* flatted, grooved on each side. *Tree* very tall. *Hedges, woods, and near brooks.* Bl. March.

Use. The wood is soft, white and stringy, and makes good wainscoting, being little subject to swell or shrink. Floors, laths, packing boxes, and turner's ware are made of it. It loves low situations, and flourishes best in clay: it grows quick and bears cropping, but is unfavourable to pasturage—

pasturage.—*Withering.* The wood has the advantage of not being liable to take fire and never blazing.—*D. B.* Horses, sheep, and goats eat it: cows do not.

10. Populus. *P. tremula.*

Ang. Asp. Aspen. Aspen-tree. Trembling Poplar.

Gen. Desc. *As above.*

Spec. Desc. *Leaves* circular, toothed, angular, smooth on both sides, rolled inwards, with two glands running one into another on the inner side above the base. *Leaf-stalks* flatted at the end. *Moist woods, boggy ground.* Bl. March, April.

Use. The wood is extremely light, white, and smooth, woolly, soft, and durable in the air. The bark of the young trees is made into torches. The bark of this tree is the principal food of beavers. It will grow in every situation and in all soils, but worst in clay: it impoverishes the land; its leaves destroy the grass, and the numerous shoots of its roots spread so near the surface of the earth, that nothing else can grow there. It is easily transplanted. Sheep and goats eat it: horses and swine refuse it.—*Withering.*

11. Populus. *P. nigra.*

Ang. Black Poplar.

Gen. Desc. *As above.*

Spec. Desc. *Leaves* trowel-shaped, tapering to a point, serrated, smooth on both sides, without glands at the base, but the serratures glandular at the inside. *Stamens* sixteen. *Leaf-stalks* yellowish. *Near rivers, wet shady places.* Bl. March.

Use. The bark, being light like cork, is used by fishermen for supporting their nets. The wood is not apt to splinter. It loves a moist black soil, grows rapidly, and bears cropping. Horses, cows, sheep, and goats eat it.—*Withering.*

12. Daphne. *D. Mezereum-Daphnoides. Thymelæa. Chamelæa germanica.*

Ang. Mezereon. Spurge Olive. Spurge Flax. Dwarf Bay.

Gen. Desc. Cal. generally none. Bloss. one-petal, regular, four-cleft, funnel-shaped: drupa like a berry, one-celled, superior.

Spec. Desc. *Leaves* spear-shaped, deciduous, from the terminating bud. *Flowers* from the lateral buds, sitting on the stem, mostly three together, opening early in spring, very thick set, fine red: *berry* globular red. *Woods near Andover.* Bl. February, March.

Use,

Use. This plant is extremely acrid, especially when fresh, and if retained in the mouth, occasions great and long continued heat and inflammation, particularly of the throat and fauces: the berries have the same effect, and, when swallowed, form a powerful corrosive poison not only to man, but to dogs, wolves, foxes, &c. The bark and berries, in different forms, especially prepared in an ointment, have long been applied to ill-conditioned sores and ulcers: in France the former is strongly recommended as an application to the skin, which, under the following management, (unknown in this country) produces a continued serous discharge, without blistering, useful in many chronic diseases, and answering the purpose of what is called a perpetual blister, with less pain and inconvenience, viz. A square piece of the recent bark, about an inch long and three-quarters of an inch broad, macerated in a little vinegar, is applied to the skin, over which is bound a leaf of ivy or plantane: this application is at first renewed night and morning, till it cauterizes the part and brings on a serous discharge, after which a renewal of the bark once in twenty-four hours is sufficient to continue the issue for any length of time. By means of suitable plasters, it might probably be applied behind the ears, to relieve the eyes; and on a larger scale, prove a useful practice in sundry diseases. It must be observed, however, that it sometimes produces cutaneous eruptions, which Bergius attributes to the absorption of the acrid particles of the bark. In this country, the Mezereon is principally employed in *syphilitic* complaints. See *Monro's Ess. & Obs. Phys. & Lit. iii. p.* 402. Dr. Russel has established the utility of the *cortex mezerei* in *venereal nodes.* "A decoction made of two drachms of the bark of the root, boiled in three pints of water till one pint is wasted, and this quantity drank daily, is found efficacious in resolving venereal nodes and other indurations of the periosteum." See *Med. Obs. & Inq. iii. p.* 189. Dr. R. never found the decoction increase any of the natural evacuations. Dr. Home, as it is observed by Dr. Cullen, has not only found this decoction cure scirrhous tumours, which remain after the lues venerea and after the use of mercury, but that it healed also some scirrhous tumours from other causes; and he has employed it in several cutaneous affections, sometimes with success. See *M. M. ii. p.* 215.—*Woodville.* The considerable and long continued heat and irritation that it produces in the throat, when chewed, induced Dr. Withering to give it in a case of dif-

ficulty

ficulty in swallowing, seemingly occasioned by a paralytic affection: the patient chewed a thin slice of the root as often as she could bear to do it; and in about two months she recovered her power of swallowing. This woman bore, with great resolution, the disagreeable irritation and the ulcerations that its acrimony occasioned in her mouth, but she had been reduced to skin and bone, and for three years before had suffered extremely from hunger, without being able to satisfy her appetite, for she could not swallow solids at all, and liquids but very imperfectly: the complaint came on after lying-in.—*Withering.* The whole plant is very corrosive, so much so that six berries will kill a wolf. A woman gave twelve grains of the berries to her daughter, who had a quartan ague; she vomited blood and died immediately.—*Linn.* As the acrimony of these berries is not perceived upon tasting them, the ignorant and unwary are the more easily betrayed to swallow them. The root is an *antiscorbutic*, and has been ordered with sweetening woods. *H. B.*

13. Daphne. *D. laureola.*

Ang. Spurge Laurel. Laurel mezereon.

Gen. Desc. *As above.*

Spec. Desc. *Bunches* of five flowers, axillary, nodding, clustered into an umbel. *Leaves* spear-shaped, smooth. *Floral-leaves* concave, alternate, without any flowers from their base. *Bloss.* yellow green. *Woods, hedges.* Bl. March, April.

Use. Very happy effects have been experienced from this plant in rheumatic fevers: it operates as a brisk and rather severe purgative. It is an efficacious medicine in worm cases; and upon many accounts deserves to be better known to Physicians; but in unskilful hands, it would be dangerous, as it is possessed of very considerable acrimony. The whole plant has the same qualities, but the bark of the root is the strongest. Dr. Alston fixes the outside dose at ten grains.—*Withering.*

Octandria. Digynia.

14. Corylus. *C. avellana.*

Ang. Common hazel-nut tree.

Gen. Desc. M. and Fem. fl. distinct, on the same plant. Bloss. O. M. cal. one leaf, three-cleft, resembling a scale, with one flower. F. cal. two-leaved, ragged. Nut egg-shaped.

Spec. Desc. *Stipulæ* spear-shaped, *twigs* hairy. *Styles* vivid crimson: *catkins* in pairs, green; when out of flower brown. *Scale*, middle segment pointed at the end. *Leaves* oval, serrated, wrinkled. *Woods, hedges.* Bl. March, April.

Use. In countries where yeast is scarce, it is a common

 practice

practice to take twigs of hazel, and twisting them together so as to be full of chinks, to steep them in the ale during its fermentation; they are then hung up to dry, and at the next brewing they are put into the wort instead of yeast. In Italy the chips are frequently put into turbid wine for the purpose of clearing it, which is effected in twenty-four hours. The wood is much used for fishing-rods, walking sticks, crates, hoops, &c. and the shoots for springles to fasten down thatch. Where beautiful woods is required for inlaying or staining, the roots of the hazel are preferred. Painters and engravers prepare from this wood, charcoal for sketching their designs: they cleave the timber to about the thickness of a finger, put the pieces into a pot filled with sand, cover it over with clay, expose it in a potter's oven, or any other sufficient heat, and when cooled the sticks are found converted into charcoal. The nuts are agreeable to most people: an expressed oil is obtained from them, for the use of painters. Squirrels mostly live upon them. Hazel is frequently planted in hedges and coppices, to make charcoal for forges; and being cut down in equal portions, in the rotation of sixteen years, they produce a considerable regular revenue. Horses and goats eat the leaves; sheep and swine refuse them.—*Withering.*

OCTANDRIA. TRIGYNIA.

15. POLYGONUM. *P. hydropiper.*

Ang. Water-pepper. Arse-mart. Lakeweed. Biting Snakeweed.

Gen Desc. Cal. 0. Bloss. resembling a cup, five-div. seed one, angular, generally naked.

Spec. Desc. Stamens six; caps. one-celled. Pistils cloven; *Stipulæ* somewhat fringed; *leaves* waved, spear-shaped, not spotted, very thin, smooth, entire, with bristles laid to the edge, scarcely perceptible. *Spikes,* long, slender, drooping. *Flowers* green, red toward the end. The whole plant sprinkled with minute glandular dots, even with the surface. *Watery places.* BL. July, Sept.

Use. The whole plant has an acrid burning taste. It cures little *apthous ulcers* in the mouth. The ashes of this plant, mixed with soft soap, is a nostrum in a few hands, for dissolving the *stone* in the bladder; but it may be questioned whether it has any advantage over other semi-caustic preparations of the vegetable alkali. Its acrimony rises on distillation, and the distilled water drank to the amount of two or three pints daily, has been found effectual in some *nephritic* cases. It dyes wool yellow. All cattle refuse it.—*Withering.*

(To be continued.)

CRITICAL ANALYSIS
OF THE
RECENT PUBLICATIONS
ON THE
DIFFERENT BRANCHES OF PHYSIC, SURGERY, AND MEDICAL PHILOSOPHY.

A System of Arrangement and Discipline for the Medical Department of Armies. By ROBERT JACKSON, M.D. 8vo. London 1805.

THE name of Robert Jackson, whether associated with Medicine or with armies, always arrests our attention, and we never find ourselves disappointed. A constitutional diligence matured by habit, a quickness improved by vast opportunities of practice, and a strength of judgment comprehending all those various combinations which are sufficient to confuse a weaker mind, have in a manner formed him for those intricate enquiries which are particularly important in the present state of his country. When to these we add an integrity which nothing can corrupt, and a boldness of expression which is only controuled by the laws of politeness, or by an innate sentiment of benevolence, we cannot but congratulate the soldier and the commonwealth on the task such a character has imposed on himself.

After a Dedication to the Officers of the Army, a Preface follows, containing an apology for thus appearing before the public on account of the little notice which had been taken of various applications to the Treasury. From a conscientious belief that large savings might be made of the public money, and the diseased or wounded soldier be better provided for, he proceeded to arrange his materials, so as to form a digest or System of Discipline for the Medical Department.

"The motive which prompted the design is pure; the purpose disinterested; the rule of execution unreserved. But, as the author was aware that motives are not always fairly interpreted, and, as the idea of offering something new implies the supposition of error existing in that which obtains, he thought it proper that an opportunity should be furnished to the confidential officers of the state, of examining statements, of ascertaining truths, and rectifying abuses in silence,—or without such exposure of facts as the formal publication of a book demands. Such rule of conduct his sense of duty commanded; and in prosecution of this impression, he intimated several months ago to the Chancellor of the Exchequer, (whom he conceived to be the proper organ of communication on this occasion, as being the first minister in His

Majesty's councils, and the immediate steward of the national treasure,) that he (the author) had arranged a plan of medical management for the use of the army, which he was ready to submit to the examination of such persons as the Chancellor of the Exchequer might direct; supposing such to be persons competent to judge of the practicability and efficiency of the plan. If the value of the plan was tried and ascertained, the public might thus reap the benefit of the suggestions in the full extent, as rendered master of the power of applying them in practice after the manner that might seem most suitable. It was stated in this notice, communicated in a letter addressed to Mr. Pitt, and left at his house in Downing Street, that two-thirds of the means provided for the uses of the army employed on foreign service, especially during the course of the late war, was positively superfluous, as exceeding the just wants of the occasions,—the proofs incontrovertible. As Mr. Pitt did not deign to acknowledge the receipt of the letter, even by one of his under secretaries, the author, left without any official instruction respecting the most eligible mode of applying the fruits of his labours to the public benefit, felt himself under the necessity of putting his manuscript into the hands of a printer; for, with the conviction that two thirds, even with the conviction that one third of the means prepared for the use of the medical department of the British army, might actually be saved to the state, he would have deemed himself culpable to the nation had he withheld his communication."

The work itself is divided into five chapters. The first on the Constitution of a Medical Staff. The second on Military Hospitals. The third on Medical Management in Hospitals. The fourth on Economical Administration. The last contains a general Recapitulation of the Whole. At the end of each chapter are subjoined copious notes, illustrating the various reasonings and arguments, by facts universally admitted, well authenticated, or which passed under the author's own eye.

To render the first inquiry more perspicuous, and in some measure to introduce the main scope of the work, the first chapter contains a statement of the constitution, qualities, number, rank, and pay of a medical staff for a given military force. After a few words on the importance of the subject, Dr. Jackson, with his usual acuteness and accuracy, offers a short historical detail of the mode in which the health of soldiers was attended to in ancient and modern times. Of this we have only a slight sketch in the text, the more minute detail being referred to notes at the end of the chapter. Though this method is well calculated to preserve the uniformity of the work, we shall be obliged, in order to render our extracts intelligible, to incorporate some of the notes with the text. The following is the detail of the British medical arrangement in war.

"The British nation, which is often engaged in war, and which has often fought with a brilliant success in the field, does not

claim

claim an equal share of praise for the correctness of its military arrangements. The medical system adopted for the purposes of the army has fluctuated extremely; and it still fluctuates. In the earlier part of the last century, the medical provisions, constituted for the use of British troops acting in foreign countries, like the medical provisions of other warlike powers of the time, appear to have been very inadequate to the needs: the estimate of the soldier's value had not then been duly made. Whether the Duke of Marlborough was not sufficiently interested about the fate of his sick and wounded from conviction of the importance of the concern; or, whether he was not enabled, in defect of means, to afford the necessary assistance to those who suffered in misfortune, it has been often said, and it is believed to be true, that while the actual slaughter of Marlborough's battles was great, many, who might have been saved, perished in the field, in want of timely assistance from the surgeon. The voice of humanity was heard, or the interests of the state were better understood in the succeeding period. Earl Stair commanded on the Continent under His Majesty George II. and, during his command, such arrangements were effected with respect to the care of sick and wounded, as give more real value to his character than the fame of many victories. The value of health and the importance of the life of the soldier still rose in estimation. In the following continental wars, the hospital department was extended, with a view of better preserving the lives of men. The intention was good; the effect did not correspond with the intention. The hospital staff consisted of men of ability, and there is reason to believe that they did their best; yet the general hospital was esteemed to be the destroyer of the army; it was even noted by military officers of unprejudiced observation, who served under the Duke of Cumberland and Prince Ferdinand, that, where troops, trusting wholly to their regimental resources, were so circumstanced as not to have connexion with general hospitals, the loss by death was proportionally less than in the opposite case. Such was said to be the fact on the continent, under the rule of distinguished commanders and celebrated physicians; the practice was tried, and the effects were proved not to be different in America, in the American war. The British army was there well appointed in all respects; the hospital staff was numerous, and, upon the whole, well selected; the general hospitals were rarely crowded with sick beyond a just number, so that there was rarely any mortality from the operation of adventitious causes of contagion; yet, even where circumstances were so favourable, it may be said, without risk of incurring error, that, as the cure was more tedious, so the mortality was greater in proportion to numbers, in general hospitals than in the hospitals of regiments, though the latter were not always well equipped with necessaries, and sometimes could not boast of able medical officers; —this was verified wherever there existed means of making comparison.

 "The

"The British general hospitals, which were dormant after the peace of the year 1763, expanded considerably in the progress of the American war; they swelled rapidly, and burst forth into an enormous production at an early period of the late war. It may be thought necessary to notice in this place, for the sake of connexion and illustration of effect, that a Board was appointed in the latter end of the year 1793 for the management of the medical concerns of the British army. It is observed in ordinary life, that new men often solicit notice in their sphere by the adoption of new measures. The Board newly constituted, acting with the impulses of other men, attempted to distinguish itself by organizing a medical code on new foundations; this, it is natural to suppose, was to catch the impression of its masters. These, as practitioners in civil life, acquainted with nothing in the circle of medicine beyond the limits of the city of London, conceiving a general hospital to constitute the palladium of an army's health, formed the design of extending the sphere of military hospitals, more strictly speaking, of constituting general hospitals as the main instrument of medical effect for the purposes of the military force. The general hospital was thus considered as the great theatre, designed for the reception of military sick and wounded. The members of the medical board, as not being bred in the army, had no knowledge of regimental surgeons; regimental surgeons were consequently undervalued and overlooked, physicians and surgeons of the regular schools being held, in the opinion of the new chiefs, to be the only persons competent to act in military hospitals. The admission of the principle called for the adoption of a new measure, viz. the creation of new officers of the privileged classes. The regimental surgeon, not known to the members of the medical board, and scarcely permitted to make himself known by his knowledge and exertions, perhaps not enrolled at Surgeons' Hall, or not a pupil of a London hospital, not a member or licentiate of the College of Physicians, and not eligible to become so, as not admissible to examination while holding his Majesty's commission of surgeon, &c. was now barred the expectation of attaining the higher hospital rank; a privilege which had formerly been open to him, and a distinction which was held out to him as a reward of his services and his merits. The regimental surgeon, so circumstanced, could scarcely fail of feeling himself degraded; most people will be disposed to admit that he was injured; he may thus be supposed to have lost a portion of his zeal. If barred the expectation of promotion and the hope of advantages by the rule now enacted by the board, he was even in a manner stripped of confidence in his professional ability; for, as general hospitals were destined to be the great theatre of military sick, the slighter maladies, itch, sore legs, &c. were only supposed to be suffered to remain in the regimental infirmary. It might be deemed invidious to go deeply into the causes of this arrangement; it is important to notice its effects on the health of the British army."

In

In the rest of the note our author enters at large into the disadvantages of general, in comparison with regimental, hospitals. He reminds us, that in acute diseases, on the first measures and the early application of them, depends the future issue of the case. That, in more chronic cases, the sick soldier, removed from his early acquaintance or *commilitones*, pines under the uninteresting scene before him, or takes every opportunity of indulging that sensuality which is now the only source of amusement for him. If by degrees he becomes habituated to his new quarters and mode of life, from that moment he is lost to the service; his moral character is depraved, his exertions are stifled, and his only anxiety is to perpetuate that indolence which is the natural consequence of the apathy induced by his situation. But this is not all; the means themselves are destructive of the end. "The sick and lame, (says Dr. J.) flocked to these depots by hundreds; they returned not till after a long absence; and when they did return, it can scarce be said that they returned by fifties." The sickness in the British Army is known to have been great in the end of the year 1794, and the beginning of 1795; the mortality was excessive in proportion to the number of sick. The establishment of general hospitals, the means adopted by mistaken kindness for the relief of the army, may be considered as the main source of this dreadful mortality. Bold as this assertion may seem, our author proves it to our satisfaction in a variety of ways. He shows that the cavalry, who could with more facility remove their sick, so as to connect them with their respective regiments, were much more healthy. When the retreat became more rapid, it was found necessary to hire, or press waggons from the peasantry, in order to transport the sick and wounded infantry along with their respective regiments. During this period, and under these apparent difficulties, the number of recoveries was much greater, and the relapses comparatively few. Our readers will not want to be told, that so important a fact is not suffered to rest only on the evidence we have produced. The subject is continued through several pages, and in a manner which, we trust, will induce those, whose business it is, to enquire minutely into this important question. Thus much we have thought it necessary to premise, before we offer to our readers what may be called the inference which is contained in the text.

"The mode of applying medical means regimentally is assumed in this place to be the best: it has the obvious approbation of common sense, and the testimony of every military officer's experience that it is so. If the principle assumed be admitted to be the best, the next point of consideration relates to the rule of forming an estimate of the kind and quantity of aid necessary for the medical and surgical care of an army of a given force. This may be supposed to vary in a small degree, according to the manner in which the troops are arranged by regiments or corps, or according as they are destined for service in native or foreign

 climates.

climates. It is considered as preliminary in all cases, that each separate or independent corps, whatever be the force of which it consists, be provided with two medical officers, in order that it may be enabled to act with its own means in the event of indisposition happening to one or other of its medical members. One surgeon and one assistant surgeon will be allowed, by every reasonable person of experience, to be adequate to the ordinary medical care of a battalion of one thousand rank and file, stationed in Europe during the times of peace, whether constantly in garrison, or occasionally in camp. The number stated is supposed to be the common complement of medical officers for a battalion of the force specified, stationed as alledged; but, as great benefit will evidently accrue to the military discipline of armies, if battalions, consisting of one thousand rank and file, be formed into regiments of three battalions, or, which amounts nearly to the same thing, if three regiments, each consisting of one thousand rank and file, be formed in brigade, placed under the command of a general of eminent character constantly present at his post; so, on similar grounds of reasoning, if a chief medical officer be allotted to a regiment or brigade so constituted, a similar benefit might be expected to be obtained for medical discipline, with a more equal diffusion of the blessings of the medical art than now obtains in the army. The appointment of such officer, who is necessarily supposed to be an officer of experience and professional skill, capable of connecting and binding all the parts of duty together, would be sufficient to render the proposed medical establishment of the army adequate to its needs in all common circumstances of service. It is presumed to be adequate in number; for, estimating the proportion of sick at one in ten, which is a high proportion among well-organized troops in European climates, there are provided seven medical officers for a regiment or brigade of three thousand rank and file. The care of three hundred sick soldiers divided among seven persons, at the allotment of forty-three patients to each person, cannot be supposed to be an oppressive duty to active and capable men; and, of such only, the army surgeons must be supposed to consist. Such a portion of duty, it is presumed, would not be thought to be hard by any one: it may even be added, that did the number of the sick, on certain occasions, actually amount to one in five, the requisite attendance, in its fullest extent, upon eighty-six sick soldiers in a well-regulated military hospital, where the diseases have probably a great similarity of feature, and where several of them are probably only of the slightest kind, or such as do not require a daily new prescription, cannot with propriety be reckoned a task of hard labour to an active man, particularly as it is a task which is not likely to be of long continuance. If the arrangements be methodical and correct, the duty will be light, as the numbers now stand; if the arrangement be faulty

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and deficient, no increase of number will give just effect to execution.

"The estimate, which is given in this place, may be considered as the estimate of a just medical establishment for a regiment of three thousand rank and file. If the number stated, viz. seven medical officers, be sufficient for the medical purposes of a regiment of three thousand men, two hundred and thirty-one, the calculation being made upon the same principle, will be equal to the purposes of thirty-three regiments or brigades, consisting of one hundred thousand, or rather of ninety-nine thousand soldiers. If the sick be calculated upon a scale as amounting to one in ten, an army of one hundred thousand men produces ten thousand sick. The allowed medical staff, consisting of two hundred and thirty-one surgeons and assistant surgeons, is confidently maintained to be equal to the medical care of the number of troops stated, where hospitals are well arranged, stations permanent, and quarters fixed in a peaceable country. There are for instance only forty-three patients for each surgeon, which is an allotment of duty, sufficient to occupy the time and to engage the attention ardently, but not of the extent to be considered as an oppressive toil. In active war in the field, where there occasionally occurs a necessity of detachment, or in foreign stations and new climates, where there is reason to expect unusual sickness, it is deemed a wise and provident measure to add three extra assistants to each regiment or brigade. The most experienced of the battalion assistants may reasonably be supposed to be the fit persons to be selected for this duty: the office implies a responsibility; and it is held to be a step leading to a permanent promotion: it forms such addition to the common complement of regimental staff as is supposed to be sufficient to enable an army to meet the ordinary occurrences of war, or the pressure of sickness in unhealthy climates—without difficulty or embarrassment;—it is regimental means attached to a moving or moveable body.

"Armies frequently change their positions in the scenes of actual war; and, as there are sometimes found persons in armies so disabled by wounds or other circumstances of sickness, as not to bear the fatigue of transport without inconvenience, pain, or danger, it becomes necessary, as being humane and even economical of life, to establish hospitals in places of security, for the more safe and ready accommodation of particular cases of chronic disease or dangerous wounds. Such being the rule of arrangement, one surgeon and three assistants, one physician and three assistants, may be thought to constitute a sufficient provision of medical officers for such kinds of sickness as cannot so properly be confined within the regimental circle,—in a division of an army consisting of fifteen thousand rank and file. According to this rule of calculation, an army of one hundred thousand men requires six physicians and eighteen hospital

hospital assistants or mates, six surgeons and eighteen assistants, extra of the regimental or brigade addition, estimated above as the just allowance for the purposes of war or foreign service."

This important subject is further considered in every point of view, and after stating the number and rank in the profession of medical officers sufficient to take the charge of a regiment, of a brigade, or of an army, in time of actual service, the chapter concludes with an enquiry into the best mode of education for army physicians—the rank they should hold regimentally or in brigades —generally, or in their respective regiments ; their pay ; and, lastly, the discipline and forms of medical duty, which they should submit to and inculcate.

The second chapter on *Hospitals*, contains a most exact description of the best mode of constructing, equipping, and governing such institutions. This subject has been so frequently discussed of late, that we could expect but little novelty from our author. However, the last department, as directed to the military, contains many useful instructions. But the most interesting part is contained in the notes, in which, a short historical detail is given of the different military hospitals which have sprung up since, or during the late war, and some of which may be said to be already abandoned.

The third chapter, on medical arrangement, is entirely new, excepting such suggestions as have appeared in our author's former publication. Every thing is comprehended which can relate to the preservation of life, the comfort of the sick, the means of providing for the most minute, though oftentimes not the least important offices, as well as the extension of medical knowledge, by enforcing an habitual accuracy of discernment, and the advantage of generalizing facts. Nor are these suggestions confined to hospitals, or even to the calm period after engagements—the station for the surgeon and all others, who can be instrumental in the humane services of the wounded, is assigned for the time of action—the principle and discipline of nurses and orderlies, the provision of medicine and their expenditure, the estimate of the attendant expences ; in short, whatever can be comprehended under medicine or surgery, in any situation of an army, is minutely and accurately provided for.

Chapter the fourth is confined to the economical administration. Here our author takes an accurate review of such servants as are necessary, and such as have been introduced for want of a just knowledge of the movements and discipline in armies. Among the latter, he reckons the matron, whom he considers as necessarily too good, or too bad for her office. If she is a woman well educated and suited for the superiority she is to assume over the nurses, her office soon becomes irksome, and the society she is confined to, renders her only anxious to get over the necessary detail, and retire from a scene, to which she ought to be always attentive. If she has accepted her office with a

view

view to emolument, such will be her only object; and instead of superintending the economy of the house, she will suffer others to purloin, that she may not be detected herself. All the necessary provisions of the house, even to the captiousness of sickness, Dr. Jackson not only admits, but dwells with a most laudable anxiety on the means of inducing the invalid or convalescent to derive every benefit that arises from delicacy and variety of viands. A method is proposed of simplifying accounts, which is illustrated by a table, enabling the most ordinary capacity to fulfil with facility all the complicated offices of clerk and purveyor. All the checks and controuls hitherto imposed on hospital accounts are shown to be futile; and it will be scarcely believed, that the plan proposed is no less than that the soldier should be provided out of the stopping from his own pay with all these articles, yet receive, on returning health, a considerable surplus. It will be of course presumed, that particular cases may occur, requiring extraordinary aids.

Though we have read this part of the work with peculiar satisfaction, we must acknowledge that much of this has arisen from the contemplation of our author in his office as a good Samaritan. Dr. Jackson is not, perhaps, aware of all his own good qualities, and may expect to meet with the same dispositions, and the same capacity of action, in other army physicians and surgeons as he feels in himself. We would not, for a moment, suspect any want of tenderness in a medical man, however situated: but to accomplish what our author has done, requires not only benevolence and skill, but strength of body and mind; a courage which can only arise from, and be supported by, a conscious superiority, and a firmness which must sometimes submit to indignities, the more painful as they are undeserved.

The last chapter contains a general recapitulation of the whole. The language of this part is particularly pointed, and the subject as much compressed as possible; as a specimen of which, we extract the following concluding paragraphs.

" The economical administration appears, as well as the other concerns of British military hospitals, to be capable of a more correct arrangement than that which now obtains, both as perfecting effect and as saving the expenditure of means. It is capable of demonstrative proof, that the numbers of the servants of the economical administration may be diminished: the purveyors and matrons, as now constituted, may be entirely annulled as superfluous, if not embarrassing. The diets of hospital subjects, regulated by a correct scale, shew plainly, that the value of what is sufficient for the support of a man in health, is equal to supply the requisite quantity of what is suitable to a man in sickness, in ordinary cases of disease. If this be so, and the proofs are incontrovertible, all that which exceeds the just measure is waste. This, in British military general hospitals, appears, on some occasions, to have been prodigious: a reference to the

numbers

numbers of sick, compared with the expenditure of means, shews the precise quantity. The arrangement, exhibition, and control of accounts is another of the objects which is considered to be of much importance; but it does not yet seem to be so digested as to touch the useful point. The control alluded to is a control of figures,—the transcript of distant transactions, not of things verified by direct inspection on the spot. This is plain; the evidences incontrovertible. The medical inspection of hospitals has also undergone a great alteration of late years, or rather it has arisen as an entire new creation. If the subject be well considered, it will probably be discovered that it is not constructed upon a principle to produce an uniform and systematic effect;—the instruments are numerous, and, as they have not been formed on one model, their views may reasonably be supposed to be various or discordant. So constituted, they cannot be expected to produce uniformity in action; and it is difficult to say in what degree they are to be regarded as useful. It is undeniable that the cheapest and most effectual way of executing the medical business of armies, is by the selection of able regimental surgeons,—men who know their duties in all their extent. The process then moves on correctly without the inspector: it is a vain expectation to hope, if the surgeon be radically defective, that he will be instructed or enlightened by the unimportant or cursory visit of the inspector's deputy.

"If the subject of hospital management be viewed in all its details, it will be readily admitted that it is capable of improvement; and, if the importance of the subject be duly considered, the improvement proposed will strongly command the attention of statesmen. If there appear evidence, and it is believed the evidence is demonstrative, and may be verified in a reference to the authentic documents which are lodged in public offices, that two thirds of the means provided for the use of the sick in mostof the expeditions which were undertaken since the year 1793 were superfluous—as exceeding the just needs;—viz. the medical officers so numerous, as not to have an opportunity of acting fully and effectively in their stations; the stores of medicine, &c. so excessive in quantity as to decay and perish in the magazines before there occurred an opportunity of applying them to their purposes, there exist strong reasons for a reform; and the plan now recommended, though not the most perfect that might be devised, will stand excused in its motive,—and perhaps escape with inferior censure for the conduct of its detail. It will not be deemed impertinent by those who regard the interests of the public with a just eye: the subject is a national concern, and the investigation is open to every honest subject of the nation. If error exists, its operation is injurious; if a remedy be attainable, it is a duty to make it known. The reform of error is not an innovation in the real meaning of things, though it has been styled so in the language of those who are prejudiced; nor is the man inimical

inimical to his country and the interests of humanity, who suggests such arrangements, as are calculated by the correspondence of things with each other in their natural and just relations, to move with harmony and produce a correct effect. Such arrangement, while economical of means, produces a just and permanent action in all its stages. It is such as the author has attempted to attain.—The idea of the system, which is now explained and made public, arose at an early period of life; it was traced through many varying scenes of service, pursued in spite of difficulties and opposition, till such evidence was obtained of its truth as may be considered to be demonstrative in all its steps. It is finished, and it may be necessary to add, that as the subject was prosecuted as an object of study, the results are now given to the public as a command of duty. The author has no private view nor prospect of advantage from the fruits of the publication: he gives it freely without expectation of reward; and, acting honestly and independently, though placed in an humble sphere of life, he is neither solicitous of praise nor fearful of blame in the course which he pursues."

Such is the nature of this most important work, the value of which it is impossible to estimate. In distant expeditions, their whole success often depends on the health of the soldiers. That this may be preserved, at least under many unfavourable circumstances, we have many proofs; but we do not recollect a writer, who has so faithfully explained the causes of that dreadful mortality, which so often prevails in climates, to which European constitutions are habituated, or that has shown such persevering industry in finding a remedy, the success of which, he has proved in his own practice. We hope all the valuable instructions contained in these sheets will be duly appreciated, and that our Author will have the happiness which attends virtuous and intelligent minds, when they see their labours justly considered, and mankind benefited thereby.

Observations on the Simple Dysentery and its Combinations, containing a Review of the most celebrated Authors who have written on this Subject; and also an Investigation into the Source of Contagion in that and some other Diseases. By William Harty, M. B. 1805.

In some preliminary observations, the author informs us, that from all he has observed and read relative to dysentery, it appears to him, as to Dr. Cullen, a single disease. But he differs from the Professor in considering dysentery in its simple form, without pyrexia or contagion, as the true disease; whereas Cullen has made pyrexia a part of its character. Dr. Harty's object is to show, that whenever fever, whether of typhus, or intermittent or remittent kind, attends dysentery, it is an accidental circumstance; that, consequently, the contagious nature of the disease depends on

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its combination, and that no form of dysentery is contagious, excepting that which is combined with typhus.

In the progress of the work, the author informs us of his intention to show that this contagious character of dysentery is equally applicable to other diseases under similar circumstances. His object in this he professes to be principally to direct the attention of others. In this we heartily wish him success. Enquiries more minute, descriptions more accurate, and distinctions more precise, have always been wanted in medicine; and, until they are accomplished, it will be vain to look for solid improvements in so complicated an art. How far our author has improved the accuracy of medical reasoning in this disease, will appear as we proceed.

The first chapter being superscribed *simple dysentery*, we should have expected a regular history of the disease, had it not been that we are before told, this is no part of the author's intention. The chapter consists of a diligent digest of the opinions of the most celebrated authors; from all which a conclusion is drawn, that fever is not a necessary part of the dysenteric character. All the remarks contained in this chapter are judicious and pointed, but every reader will regret that the author is so costive in forming conclusions, which might connect the various threads of which his reasoning is composed. It may be urged, that all this is referred to the conclusion of the work. This may be enough for all the purposes of the logician; but the common reader expects to meet with well established inferences, ready drawn for him, from all the parts as they occur in order; by help of these, he is relieved from the retention of a vast burthen of facts, feels a conscious satisfaction in so far understanding the object of his author, and looks forward with patience to the accomplishment of the whole. However, from the following extract, which contains a very just reproof against the attempt at reducing to nomenclature a class of phænomena in which so few men agree, our readers will form some judgment of our author's views.

"When we have it asserted that dysentery is a "Pyrexia contagiosa," I presume it is meant that the disease is attended by* fever, not merely symptomatic, but peculiar to that affection, and that its contagion is also of as distinct and independent a character. Now, that it is not necessarily attended by idiopathic fever, the very nature of that fever, when present, and its total absence on other occasions, plainly shew; and that it is not of itself contagious will hereafter appear; as also, that when, in consequence of a certain combination it becomes so, that contagion is not peculiar to this disease.—I trust then I may be allowed to conclude with

"* When we hear authors, at one time, calling this fever inflammatory, and at another time, intermittent, remittent, or putrid, surely we must suspect that the disease can scarcely be possessed of an idiopathic fever, peculiar to itself, inasmuch as such fevers seldom admit of this variety."

with an assertion, which as we advance, will be receiving additional proofs, namely, that the genuine dysentery is unattended by any but symptomatic fever, proportioned to the violence and severity of the disease itself; while, at the same time, as shall hereafter appear, it is capable of combining, under appropriate circumstances, with intermittent, remittent, and typhus fevers.

"If then it be admitted, that the symptoms already enumerated can, independent of "Pyrexia contagiosa," constitute a distinct and well-defined disease; and for admitting this, we have sufficient grounds in the experience of every year, and in the testimonies of creditable writers, shall we refuse it the name of dysentery, to which it appears entitled, merely because it does not chance to agree with a scholastic disposition? Surely we should not: yet that some have been, and still are governed by it, in judging of the disease, an incident which occurred, while I was a student at an academy of deservedly high repute, will too plainly shew: A patient came into the clinical wards of the Infirmary, with every mark of simple dysentery. I examined her: she had no symptom of fever, and it was not possible to trace the disease to contagion. The clinical Professor, a gentleman of considerable merit, and for whose attentions I ought to feel grateful, visited the wards soon after, examined this patient very carefully, and in his questions was most particular relative to the "Pyrexia contagiosa;" finding, however, that the former did not exist, and that there was no ground for believing in the agency of contagion, though the other marks of dysentery were all present, it would appear by the result, that he felt himself in some dilemma, how to decide between the disease and the definition; though he had no hesitation whatsoever, as to the practice he should adopt on the occasion. At a subsequent lecture, he pronounced the disease to be a diarrhœa, while he said he would treat it as a dysentery. In consequence of this decision, purgatives, &c. were administered, and after a time the patient got well.—Strange, that our reason should be so warped by a definition, as to induce us to call a complaint by one name, and treat it under the name of another."

The next section of this chapter is on the analogy between dysentery and rheumatism. In this it is urged, with much ingenuity, that the latter disease, though usually considered as inflammation of the muscles, is most probably inflammation of the mucus membranes, and therefore that the mucus membrane of the intestines may be affected in a similar manner from similar causes. We are not perfectly satisfied with our author in many parts of his reasoning on this subject, though we are more inclined to consider not only these two diseases, but many others, as analogous. Inflammation, whether chronic or acute, wherever situated, has its effects modified by the original actions of the parts; and a change of the seat of these actions is not uncommon, not only between dysentery and rheumatism, but many other complaints; nor can we perceive that exact analogy which our author wishes to establish

between

between increased secretions in these two diseases, beyond what happens in inflammations of any other secreting surfaces.

In the second chapter, on the combinations of simple dysentery with intermittent and remittent fever, Dr. Harty first enters into a distinction of the manner in which two diseases may exist at the same time, in the same constitution. "There are, (says he) two species of combination of disease; the one is such a combination of the character and features of each, whereby they seem to incorporate together, to possess one nature, and exercise one dominion; the other is an accidental union of two or more diseases in the same individual, which are naturally, and continue to be mutually independent of each other; the latter are in general local diseases, as itch, syphilis, herpes, &c. or one, or more of them may be local, while a third is a general affection of the system. But then the local complaints arise from specific contagion, as in the combination of typhus with itch, &c." page 39.

All this is a little confused; but our author's meaning is, that two local complaints may exist in different parts of the body at the same time, and also that a local complaint may exist with a constitutional complaint; but that two constitutional complaints cannot exist at the same time, without so altering the form of each that they shall become one disease. Hence, in seasons or situations where intermittent or remittent diseases prevail, dysentery may likewise be epidemic, and the two diseases be so far combined as that one may appear a symptom only of the other.—This, it is shewn, is the origin of the *febris introversa* of Sydenham, and also the remittent taken notice of by Clarke, in which a rapid dysentery is one of the most dangerous symptoms. Morton also refers more obscurely to the same subject. But our author has no difficulty in showing that Cleghorn, and most of the modern writers on diseases of camps and of warm climates, were sensible of the fact, insomuch that some of them treated dysentery with bark in the manner of a common intermittent. It should, however, be remarked, that Dr. Cleghorn considered the intermittents of Minorca as contagious; and in this opinion he seems supported by Dr. Rush. We mention this not with a view of giving any opinion on the subject, but to show how unsatisfactory the distinction between a contagious and merely epidemic disease remains even among the most accurate observers of those diseases, to which, at present, the attention of the whole world is directed.

The next chapter is dedicated to the subject of combination of simple dysentery with typhus or malignant contagious fever. This the author very properly introduces, in a manner to arrest the attention of the reader, and to force on his recollection all the various distinctions to which he has previously alluded.

This, it is remarked, "is the combination which is never free from symptoms of fever, and to which alone the property of contagion belongs: this is the true "Pyrexia contagiosa:" it is after

this

this form that Cullen has framed his definition of the disease; it is this form which has always inspired such horror at the name of dysentery. The strong features of such a combination are very decidedly marked in the histories of the most celebrated epidemics of this disease; and between this and all other forms, the reader may trace the most essential differences in their access, progress, and termination; in the danger attending them, and in the mode of treatment, which success warrants in each."

After this follow two sections; the first, containing proofs from the symptoms that such is the true contagious dysentery; the second, proofs from the general history of the disease. In both these our author shows much industry in research and acuteness in judgment.

The fourth chapter contains a general inference from these premises; and as we conceive most of our medical readers will be sufficiently satisfied by their own recollection, how much the different writers on dysentery have differed on the subject of its contagious property, we shall not be thought abrupt in transcribing our author's conclusion.

"Any person in the least conversant with the writers on Dysentery, must have perceived the most striking contradictions in their belief and assertions on the subject of its contagion: he will find some denying it in toto, others as positively declaring it to form one of the strongest features of the disease, while a few, more moderate in their sentiments, though more undecided in their opinions, may be observed to waver between these extremes, and who, in admitting, or excluding, contagion from some particular epidemic, do not venture to pronounce it absent, or present, in all others, nor attempt to point out the particular cases, in which we might expect to see the influence of that agent exerted. If we look to authority as the basis on which we are to rest our opinions (and to what besides this, can we resort in the decision of such a question?) in the circumstances just described shall we find our criterion situated; and what is worse, should we be disposed to weigh the opposite authorities against each other, the names of respectability appear so evenly balanced on each side the beam, that it will not, it cannot preponderate either way. Thus, if we suppose that the authors who have written on Dysentry, described under that name the same unvarying and identical disease, do we perceive that on the ground of authority we can arrive at no decision, inasmuch as the opposite assertions destroy each other. But if it be true, as I have stated, that there are forms of this disease very different in their nature and characters, and that these authors, as has been shewn, under the same name of Dysentry, described these its different forms, then may some hopes be entertained, that we shall be able to reconcile the most direct contradictions and opposite assertions, without injury to the character of either party; for as each described the disease he met, with the accuracy and fidelity of an historian, they must necessarily have differed from each

each other in their description of the disease, and in their opinions respecting it, because while one found the disease in its simple state, others saw it only in its state of combination. That such must have been the case, ought to have been supposed, from the very circumstance of men, well known for their veracity and talent for observation, *appearing* to contradict each other in so direct a manner, and to form the most opposite opinions on the *same subject;* and that such was the case, the facts already adduced have, I trust, been sufficient to satisfy any unprejudiced mind. If such then be the case, how grateful must it be to the mind of every man to think, that he may on this, as on other occasions, give some credit to the assertions of his fellow-men, without incurring much danger of running counter to the truth, or of falling into any material error.

"The extremes of opinion entertained on the subject before us, are, on the one hand, that the disease is never contagious, and on the other, that it is always so, and that this property is owing to a specific virus. On this, as on all such occasions, we shall find the truth of the adage, medio tutissimus," for between the extremes of opinion now mentioned, a proposition may be stated which shall embrace a part of each, which shall be agreeable to fact, and which shall meet with a general concurrence. The proposition, which it is my intention to uphold, has been already often alluded to, and it is this: That THE SIMPLE DYSENTERY IS OF ITSELF NEVER CONTAGIOUS, NOR THE INTERMITTENT AND REMITTENT FORMS OF THE DISEASE; That THE COMBINATION WITH TYPHUS IS ALONE POSSESSED OF THAT PROPERTY, and that THAT PROPERTY ORIGINATES, NOT IN ANY VIRUS SPECIFIC TO DYSENTERY, BUT IN THE CONTAGION OF FEVER.

"The truth of these propositions I shall endeavour to establish in the following manner: We have already seen who the authors are that describe the disease in its different forms: of these and of a few others, not as yet referred to, I shall take a general survey, and after stating the sentiments of each on the subject of contagion, and contrasting them with each other, we shall, I believe, find reason to conclude, that such authors as describe the disease either IN ITS SIMPLE FORM, OR IN COMBINATION WITH INTERMITTENT AND REMITTENT FEVERS, uniformly pronounce it, NOT CONTAGIOUS; while those who met it in COMBINATION WITH TYPHUS FEVER, as regularly and decisively declare it TO BE SO. The inference unavoidably consequent on such a conclusion, must be, that the truth of the propositions, above stated, rests on the fairest and strongest grounds.

"To proceed therefore, I shall begin by considering the sentiments of that man, whose definition of this disease has had no small share of weight in influencing and deciding the opinions of others; and should I be able to shew cause, why he was naturally led to embrace such sentiments, without necessarily inferring that he was correct in so doing, I hope that his authority will no longer stand in the way of truth, nor exert improper influence over the minds of others.

others. This is my only motive for taking any notice here of the opinion of Dr. Cullen relative to the Contagion of Dysentery, inasmuch as it has been, and is still my intention (with the exception of this deviation) to confine the present survey to original observers of the disease, to men who described it as they saw it, and not as they found it described; among these Dr. Cullen does not, nor pretends not, to rank, for he spoke of the disease not from his own, but from the experience of others. On this account his authority is on a level with those, whose writings on the subject he has consulted, and whose opinions respecting it he has adopted; and as it was his uniform practice, after giving the definition of any disease, to enumerate those authors he had consulted, so he has himself furnished us with the means of judging of the weight that should be attached to his opinions relative to this disease. What these opinions are has been already, in great measure, pointed out: they are pretty plainly specified in the first sentence of his definition, which states the Dysentery to be a "Pyrexia contagiosa:" he even goes so far as to say, that he thinks it doubtful if the application of cold does ever produce the disease, unless the *specific contagion* has been previously received into the body. *v.* vol. III. p. 119. Now the reason why Dr. Cullen has adopted these opinions, will be pretty obvious, after enumerating the names of those authors to whom he has referred on the subject of Dysentery: I need but mention Pringle, Degner, Roederer, Zimmerman, Grimm, Helwitch, Bontus, Cleghorn, &c. &c.; most of these, have already been quoted, and all of these excepting Cleghorn, who described the intermitting variety of Dysentery, will be found on an examination of their writings, to have seen the disease in its combination with Typhus, which they all with one voice (making the same exception) pronounce to be contagious. Had these been the only authors, whose opinions or observations relative to this disease could be relied on, Dr. Cullen would have been perfectly justified in the definition he has given of it, but such is far from being the case; and had Cleghorn stood single, it ought to have been shewn, why he has said nothing of the contagious property of the intermitting species of the disease. As it stands, we may perceive that Dr. Cullen has given us a definition of the combination with Typhus, in place of the definition of the disease itself."

This chapter contains two other sections, in which the subject is further enforced.

The fifth chapter is on the treatment of Dysentery. From the practice recommended by different authors, the proofs of these various states of Dysentery are further enforced; the various remedies are stated seriatim, and their application in the different forms and combinations of the disease judiciously marked. Throughout the whole we conceive our author much more fearful of the lancet than is necessary; that its decisive good effects in some instances have at times too indiscriminately recommended its use we pretend not to doubt, but are not less convinced that the occasional

occurrence of highly putrid symptoms at a later period of the disease, have rendered many practitioners constantly apprehensive of debility as the most formidable symptom to contend with. On this subject we have already given our opinion more at large, when we reviewed Dr. Wilson's last volume.*

The last chapter is on diseases analogous to Dysentery in the source of their contagion. These are, 1. Catarrh, 2. Angina Maligna, 3. Ophthalmia, 4. Erysiepelas, 5. Malignant Ulcer, or Hospital Gangrene, 6. Puerperal Fever. After which the author concludes with some general remarks, which, if it were necessary, would further convince us of his industry, modesty, and genius.

Having thus, as far as our limits will permit, gone through this work, we shall find no difficulty in recommending it to our readers. It contains, unquestionably, a larger mass of evidence than is any where else to be found of the various species of a disease, which though but little known in the common walks of civil life, is among the most formidable in camps, in armies, and sometimes in the abodes of poverty, and its attendant wretchedness. We sincerely hope our author, before another edition is called for, will be able to add his practical remarks to what he has selected from others. He will then find, experimentally, how difficult it is to make these remarks in a satisfactory manner, and how frequently he is obliged to doubt the faithfulness of such authors as are the most disembarassed in their histories and inductions.

As to the theory contained in the work, it is evident that Dr. Harty does not consider it new. The number of authorities quoted in every page, must have convinced him that if the writers he refers to, did not make exactly the same distinctions as he has done, many of them were aware of them, and conceived them well understood. This, however, does not lessen the value of our author's investigation. Some of the best received writers who, are most commonly referred to, certainly overlooked the distinction. The whole herd of nosologists, with Cullen in their van, and bringing forward all their forces, are very much confused for want of a practical knowledge of those forms of the disease which probably never occurred in their own practice. The last mentioned author was totally unacquainted with them, as Dr. Harty has shewn in several passages. Dr. Jackson, however, whom we should gladly have seen quoted more frequently, is very careful in marking all those various effects produced from similar causes. There is, indeed, a difference in the opinions of these gentlemen. Dr. Harty seems to consider typhus as necessary to render these topical diseases contagious: Dr. Jackson considers the tainted atmosphere of crouded hospitals, which at one time produces typhus, may, under other circumstances, produce those local effects which may afterwards end in fever, or fever may terminate in them. From the practical

* See Vol. xiii. p. 554.

practical knowledge which Dr. Jackson possesses, independent of all other considerations, we cannot but give him our decided preference; nor can we refrain from expressing our wish once more, that our author may be able to meet Dr. Jackson, as an antagonist, on equal grounds, by acquiring a practical knowledge of a disease, the history of which he has so accurately detailed from others. In saying this, we think it right once more to recommend the work before us, as the most valuable digest of all that has been written on this formidable disease.

Cow-Pox Inoculation no Security against Small-Pox Infection. By W. Rowley, M. D. *Member of the University of Oxford, the Royal College of Physicians in London, Physician to the St. Mary-le-bone Infirmary, Author of Schola Medicinæ Universalis Nova, the rational and improved Practice of Physic; and Public Lecturer on the Theory and Practice of Medicine, excluding false Systems, &c. &c. To which are added, The Modes of Treating the Beastly New Diseases produced from Cow-Pox, explained by Two Coloured Copper-Plate Engravings: as, Cow-Pox Mange, Cow-Pox Evil or Abscess, Cow-Pox Ulcers, Cow-Pox Mortification, &c. With the Author's certain, experienced, and successful Mode of Inoculating for the Small-Pox, which now becomes necessary from Cow-Pox Failure, &c.* Octavo, London, 1805.

This Title Page shows so exactly the intention of the author, that a commentary upon it may serve as a review of the work. First, it is a means of introducing our author's titles: *Member of the University of Oxford!*—It is usual for graduates, at any University, to specify their precise degree. Dr. Rowley, on account of "his long life, incessantly dedicated to the study and practice of physic,*" must, certainly, stand as Doctor of physic in that University.

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* These words are taken from the Introduction, and the following Note is tacked to them, "As *Schola et Historia Medicniæ Universalis Nova*, the rational practice of physic, and other works testify; but with what success, must be submitted to the candid consideration of the learned faculty all through Europe. In the public medical lectures he has had the honour to deliver to numerous students and others of the faculy, it is well known that the *Boerhaavian, Cullenian* hypothetic systems, as likewise narcotic *Brunonian* visions, have been proved partly erroneous, and therefore inadmissible in the true practice of medicine. It has been attempted to raise the whole art on a more solid basis, by only admitting self-evident and undeniable facts from the science of anatomy, physiology, pathology, and *successful long experience* in practical medicine."

When a man writes in this manner of himself and his writings, it is impossible not to suspect him; but when he appeals to the learned faculty of all Europe, relative to the success of works scarcely known, but by the frequency with which they are advertised, we then understand that cow-pox, or any other popular subject, are convenient things to bring forward a name, which might be lost but for such opportunities. Thus we find Dr

sity. But, his modesty has induced him to take a title, which any term-trotter may assume, almost as soon as matriculated. As to the works, the authorship of which he claims, we trust, no one will dispute his title to them. His *public* lectures too, have been too often advertised, for any one to doubt their publicity or the liberality of the author to his audience. If they will but have the goodness to hear him, it is well known, how indifferent he is to all pecuniary considerations.

We come now to the latter part of the title, viz. The mode of treating the beastly new diseases produced from Cow-pox, explained by two coloured engravings, as Cow-pox Mange, Cow-pox Evil or Abscess, Cow-pox Ulcers, Cow-pox Mortifications, &c. The history of the first of these engravings is a little curious. We have before remarked Dr. Moseley's apparent fondness of fun. "Dr. Moseley, who (says our author in a note) sensibly first exposed the errors of vaccination, saw the case of the ox-faced boy by my desire. He observed to me, that *the boy's face seemed in a state of transforming and assuming the visage of a cow.*" This was an arch thought of Dr. M.; but if he had a mind to make his brother antivaccinist ridiculous, he should have recollected his friend and neighbour, and not have suffered him to expose himself by publishing his own drolleries, and *illustrating them with a coloured engraving.* We happen to know something of this case, which proved nothing more than a common abscess, the breaking of which, like the breaking of Circe's spells, restored to the boy his natural countenance; and under the surgeon of the Bloomsbury Dispensary, is now healing like any other abscess. The history of the case will convince any one, that vaccination could have no share in the disease, trifling as it proved.

The facts we are told on which the propositions (the insecurity and subsequent danger of vaccination) depend, are extracted from Dr. Moseley, Mr. Goldson, Dr. Squirrel,* Mr. Rogers's and Mr. Birch's observation. All these we have already considered. Our author tells us, he has added above a hundred more. It was merciful not to add a thousand whilst he was about it; but when he is satisfied with such authorities, most of which have been already enquired into, it will not surely be expected of us to examine the remainder; nor, if we did, could we expect our readers to attend to the result. It would be strange indeed, if out of more

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Dr. Squirrell and Mr. Velno, have their specifics against the effects of cow-pox; and in a short time we shall, perhaps, be told, that Mr. Reyner's cordial is a valuable remedy for these, as well as all other complaints.

* We are told, in a note, that Dr. Squirrel was formerly many years apothecary to the Small-pox Inoculation Hospital at Pancras; Dr. Squirrel never was at all connected with that hospital, he was for a few months apothecary to the Small-pox (but not the Inoculating) Hospital at Cold Bath Fields.

more than a million of people who have been vaccinated, the ingenuity of some, the humour and the malice of others, and most of all, the desire of consequence, which, more or less, attaches itself to all, should not be able to produce as many cases as Dr. Rowley has here brought forward. It would be still stranger if some real failures and well authenticated inconveniences had not occurred in a practice so widely extended; for what have we of certainty either in disease or health? Vaccination is not proposed but as the means of avoiding a greater evil, and who will pretend to compare the few untoward cases which have occurred with the numbers that have been always admitted by the warmest advocates for inoculation? But we have not yet got through our remarks on Dr. Rowley's title page—There yet remains to be considered—"The AUTHOR's certain, experienced, and successful mode of inoculating for the small-pox."—Aye, there is the business. If you wish for a certain, and (which we suppose means something more than certain) successful mode of inoculating, you must apply to Dr. Rowley, Member, &c. &c. &c.

All this may be collected from the title page, which some may think is as much as the author wishes the public to read, or rather is what he has taken care shall be read in every newspaper, and in all the diuretic corners of the streets. But we, who in our office of Reviewers, thought it our duty to peruse the whole, can assure our readers, that the Doctor will be greatly disappointed if they stop at the title page. The notes are for the most part not less important. They evince such intense reading, and so capacious a memory, not only in medicine, but in all the arts and sciences, as must astonish every common capacity. They show also what a great author Dr. Rowley is, and also what a great and experienced practitioner. One instance we have given of this already. The following shows how fortunate it is when the sick consult such a man as the "Lecturer on the art of physic excluding false systems."

"In my lectures," (says Dr. R.) "on the art of physic, both theoretical and practical, I have fully proved, that there is no necessity for that bane of the profession, *conjecture* or *hypothesis*; and if I were asked whether, if I myself were dangerously ill, I would suffer any hypothetical, however plausible physician, to prescribe for my malady, my answer would be, *No*, assuredly *No*, unless I wished to risk the loss of life. I could give a remarkable instance of this. *Speculation* and hypothesis are always at variance with *sound experience* and successful *practice*."

These quotations are from notes in the Introduction only.

As soon we arrive at page 3 of the work, we have a reference to "History of Physic in Scholæ Medicinæ universalis Nova." In page 6, "My History of Medicine shows much of sects, sectaries, and false systems, &c. with ravings and conceits of every age, &c." In note, page 8, The ingenious Dr. Moseley is introduced with his title of Physician to his *Majesty's Royal* Hospital of

of Invalids at Chelsea. In page 9, note, the author has the boldness to assert, that there is no danger in natural small-pox if skilfully treated from the beginning, referring us once more to his "Treatises on putrid fevers, &c. Page 11, (note) "There is scarce a week passes that *I* do not prescribe for some miserable case or other." In p. 15, we are referred to the author's "Treatise on malignant and putrid Diseases; and in the text to which this note refers, he expresses his surprise that what he read before the Committee of the Houseof Commons on that subject, is not printed in their minutes. We shall next be taught to wonder that Dr. Squirrell and Mr. Velno's specifics are not ordered to be administered to all who have been vaccinated, or that Dr. Rowley is not consulted by parliament relative to the "modes of treating the beastly new diseases produced from Cow-pox."

If our readers are not tired of this article, we must leave them to labour through the work as we have been obliged to do. It is scarcely necessary to conclude with any remark; but to preserve our customary form, we shall just observe, that throughout the whole the author talks more of himself than of his subject; that those cases which have been proved to be false,* are assumed with as little reserve as if they had been admitted as true; and that all the others, of which we have had leisure to enquire, stand on no better ground. Some instances of failure are doubtless well-founded, and these have been already admitted by the warmest friends of vaccination. Indeed, a true pathologist would be very apt to doubt the truth of any report which boasted infallible success to any practice or discovery. We are pleased, however to find, that, under all these paltry and unworthy attempts to stifle vaccination, it is growing daily more popular: and that all the arguments against it only excite the wished-for enquiry.

The Modern Practice of Physic, by EDWARD GOODMAN CLARKE, *M. D. Author of Medicinæ Praxeos Compendium, of the Royal College of Physicians, London.*

We have perused the above work with much gratification, and we earnestly recommend it as deserving of the attention, particularly of the junior branches of the profession, as it is written in an able and scientific manner; and we are well assured that it will not derogate any thing from the reputation the author has already obtained by his Medicinæ Praxeos Compendium, the fourth edition of which is shortly going into the press.

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* See particularly our Review of Mr. Merriman's Defence, and other articles, as well as original communications in our Journal.

Report of Diseases in the public and private Practice of one of the Physicians of the Finsbury Dispensary, from the 20th of October to the 20th of November.

Diarrhœa - - - - -	15	Morbi cutanei - - - -	7
Dysenteria - - - - -	2	Morbi infantiles - -	13
Dyspepsia - - - - -	10	Catarrhus - - - - -	18
Hepatitis - - - - -	5	Phthisis pulmonalis -	9
Hydrops - - - - - -	7	Rheumatismus - - -	8
Dyspnœa - - - - -	3	Podagra - - - - - -	1
Amenorrhœa - - -	12	Apoplexia - - - - -	5
Chlorosis - - - - - -	9	Hysteria - - - - - -	2
Menorrhagia - - -	4	Ephemera - - - - -	7
Epilepsia - - - - - -	1	Scarlatina - - - - -	5
Asthenia - - - - - -	14		

Coughs and derangements of the intestinal canal are the never failing epidemics of this particular season of the year.

In the history, and within the precincts of the Reporter's observation, they have never occurred so frequently; and what is worthy of remark, they have, for the most part, been accompanied by a pyrexial state, which, altho' not either in its essence or cause exactly the same as typhus, has approximated to the typhoid countenance and character, and of course, appeared to indicate a method of treatment considerably analogous to that which is required in the management of the latter disease.

Oppression of bodily strength and of mental power, have, for some weeks past, shewn themselves the prominent and nearly universal features of morbid affection.

The air, more especially in London, in November, has an apparent and important influence upon the faculties and feelings of our frame. The muscles are relaxed, the nerves, to make use of an intelligible phrase, although it is founded upon a false physiology, are *unstrung*, and the spirits in a greater or less degree depressed, according to the varied proportion of individual susceptibility to be acted upon by physical and exterior causes. Our bodies are constantly immersed in a bath of "volatile corruption," the obnoxious influence of which must especially be experienced by valetudinarians or other persons, who, after feasting during the summer and autumnal months upon

upon the enlivening luxury of marine and rural oxygen, have recently returned to inhale, and be enveloped by the unwholesome and oppressive miasmata of the metropolis.

Scarlet fever has been of frequent occurrence; a disease once extremely formidable, but which has become much less so in consequence of modern amelioration in the theory and practice of medicine.

The cold, or rather tepid ablution, which latter, whilst perhaps attended with nearly all the advantages, is not accompanied with some of the risks and inconveniencies that are apt to ensue from the former, ought to be diurnally employed from the first day of the disease until the last of its continuance. When such treatment has been accurately adhered to, little fear may in general be entertained with regard to a favourable and satisfactory result. It may be right, however, to notice that in this disorder, a deficiency of general, is not unfrequently connected at the same time with an excess of local excitement, which is calculated to occasion some vacillation of judgment, and some uncertainty in the practice of the physician.*

During the long continued series of his reports, the author has not mentioned, except in his list, the class of dropsical affections, although no complaints have fallen more frequently under his observation, are accompanied with more distressing symptoms, or, are more generally fatal in their ultimate issue. The little impression that medicine is capable of producing upon such cases has perhaps, been one reason why they have not been particularly noticed. For the most part, they are, both in the inferior and higher classes of society, the melancholy result of protracted intemperance. The patient of either rank will in general be found, in spite of his indiscretion, to enjoy a freedom from positive indisposition, and an ordinary and comfortable degree of vigor, until a little after he has passed forty years of age. At that period, he is, for the first time, attacked with general dropsy, a dropsy of the abdomen, or a dropsy of the chest.

The debauchee is not aware that, although the ruin of his frame appears obvious and abrupt, the causes which ultimately

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* "Any body may be a judge," said a young man to one holding that office, "who can distinguish between black and white." "You forget, my friend," replied the Judge, "that in law there are *grey* cases." There are many grey cases in medicine. *Moore's Medical Sketches.*

ultimately affected it, have been long and silent in their operation. There is no imprudence with regard to health that does not *tell*; and those are found in the event to suffer most essentially, that do not appear to suffer immediately from every individual act of indiscretion. It is such free livers, of robust and sturdy stamina, that are most liable to the distressing and almost invariably fatal disease, which is so faithfully as well as feelingly delineated by an author of the present day.

"It is often found impracticable even to relieve the dropsy of intemperance. The dropsical can have no reasonable expectation of being able to enjoy the pleasures of existence in full measure. In that dreadful complaint, dropsy of the chest or lungs, the fox-glove in particular, and sometimes other medicines, will often procure a respite, and the patient will seem to himself quite renovated; but the gleam is generally short; the tide flows back; the distress recommences; the same means, indeed, commonly procure another interval; but it is less perfect and shorter. At last it comes to be, as on board a ship on springing a leak that cannot be stopped; no sooner do the pumps cease to work than the water rises in the hold. If medicine discharges the water one day, it is collected in as great quantity in the next. The absorbents now soon begin to be insensible to the spur; then the horrors of slow suffocation commence, and a succession of spectacles are presented, at sight of which, the reflecting by-standers may well regret being endowed with animation, and may envy the very stones under their feet, for their insensibility."*

J. REID.

Grenville Street, Brunswick Square.

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* Beddoes' Hygëia, Essay 8th.

MEDICAL

MEDICAL AND PHYSICAL INTELLIGENCE.

[FOREIGN AND DOMESTIC.]

A new Theory of the Effects of Medicines.—Dr. Rasori, of Italy, having examined the modern theory, according to which all medical and dietetical substances possess the power of stimulating or inciting the body, found this doctrine too narrowly limited, and that there are certain substances which are debilitating in a very high degree, without previously inciting the body in any particular manner. The Doctor calls these, *contra stimulantia directa.* This assertion he proves by his observations on the effects of the laurocerasus. All the animals to whom a large dose of the laurel water was given, became suddenly debilitated, nearly to death. By the application of stimulating medicines they were again restored.—These observations being made upon animals only, were neglected; but some time after, Dr. Borda, an eminent practitioner in Lombardy, prescribed the water of laurocerasus for his patients, and found the same experiments confirmed. Too strong a dose of the water brought on a state of palsy, and the most volatile stimuli were required. Dr. Borda afterwards examined a great number of drugs, the whole stock of which he ranks under two classes, viz. Stimulantia and Contra-stimulantia. To this last class belong, besides the laurocerasus, the bitter almonds, nux vomica, digitalis purpurea, solanum nigrum and dulcamara, gratiola, scilla, antimonialia, the neutral salts, all the acids, and perhaps mercury.

From various experiments made in Germany, it appears that the bark of that species of the service tree called by Linnæus *sorbus aucuparia*, is well adapted to the tanning of leather, and that six pounds of this bark, collected in autumn, furnishes as much tanning-matter as seven pounds of oak-bark; and ardent spirit may be likewise collected from the ripe berries of this tree. Twelve pounds of berries yield two quarts of spirit; the pulp, after distillation, affords excellent nourishment for cattle.

A new thermometer has been invented for registering the highest and lowest temperatures in the absence of the observer, which is said to be a more simple, as well as a less expensive, instrument than Lix's thermometer. It consists in two thermometers, one mercurial, and the other of alcohol, having their stems horizontal.—The former has for its index a piece of magnetical steel wire, and the latter a minute thread of glass, having its two ends formed into small knobs by fusion in the flame of a candle. The magnetical bit of wire lies in the vacant space of the mercurial thermometer, and is

is pushed forward by the mercury whenever the temperature rises and pushes that fluid against it; but when the temperature falls, and the fluid retires, this index is left behind, and shews the *maximum*. The other index, or bit of glass, lies in the tube of the spirit-thermometer immersed in the alcohol, and when the spirit retires by the depression of temperature, the index is carried along with it in apparent contact with its interior surface; but on increase of temperature the spirit goes forward and leaves the index behind, which therefore shews the *minimum* of temperature since it was set. The steel index is easily brought to the mercury by applying a magnet on the outside of the tube, and the other is properly placed at the end of the column of alcohol by inclining the whole instrument.

As toad stools and other species of the fungus kind are frequently eaten for mushrooms, a method of preventing the pernicious effects has been practised in France, which is stated to be an infallible remedy: — "Excite vomiting, employ laxatives and clysters, and after the first evacuations administer a drachm of sulphuric ether in a glass of water of marsh-mallows. If the symptoms are very alarming, it may be necessary to give a clyster made with a strong decoction of tobacco."

The following is the method adopted in Paris of making balsamic and anti-putrid vinegar:—Take the best white-wine vinegar, a handful of lavender, leaves and flowers, the same quantity of sage, leaves and flowers, hyssop, thyme, balm, savory; a good handful of salt, and two heads of garlic; infuse these in the vinegar a fortnight or three weeks; the longer the better; and then it is found to be an excellent remedy for wounds, for spasms and suffocation. By rubbing the hands and temples with it, a person may go into foul air with great safety.

A correspondent, in a letter to the Editors, observes, "A writer in the last Medical Review, under the article of Smyth versus Chaptal, makes the following unqualified assertion.—'There is no evidence that any person had ever employed the mineral gases for destroying contagion in the apartments of the sick, prior to the use of them by Dr. Smyth, at Winchester, in the year 1780.' How far this assertion may be correct, I shall leave to be determined by the following quotation from a book published, above sixty years ago, by Gaubius.

"Vapor antiloimicus: ℞ Acet. vin. vulg. lbj: sal. marin: nitri: ol. vitriol. vulg. aa. lbſs: aq. puræ. lbj. M.

"Immissa, in ollam fictilem vitreatam, repandam, super prunas reposita, in limine domus aut *cubiculi* leniter evaporent.

Dr. Davis, of Sheffield, is engaged in a translation of Pinel's Treatise on Insanity, which will be published early in February.

Dr.

Dr. WALKER, in a letter to the Editors, dated Nov. 23, 1805, says, "I send you the following note, which I received this morning. It will give you pleasure to show that the nobleman, who has all along taken the greatest interest in the discovery of Jenner, still continues his zealous services in the cause of humanity.

"SIR,

"I am very much obliged to you for the vaccine matter, but will not trouble you for any more, as we are now well supplied. I wish the opposers of the cow-pox could see how little their arguments avail, when a death or two by the small-pox occurs. They are rushing from many miles round to be vaccinated, and already some hundreds have been placed in security, so that those two poor victims, above alluded to, have not died in vain. I am,

"Sir, your most obedient humble servant,

Petworth, Nov. 21, 1805. "EGREMONT."

DR. PATTERSON, of Londonderry, is preparing for publication Disquisitions concerning Pestilential and Epidemic Diseases, with a view to obtain valid Principles whereon to found a civil Constitution of Medical Police for Ireland.

To every one conversant in this field of inquiry, it is manifest, that the climate of the country, the physical and moral attributes of the inhabitants, their political and commercial relations, their economical institutes, and other corresponding circumstances, must be taken into consideration in a work of this description. It will also be necessary to take a retrospective survey of the numerous, malignant, and reigning distempers, which have prevailed in many parts of the earth throughout a series of ages. These are not easy tasks, they are not small undertakings; yet difficult and extensive as they are, little short of their atchievment will answer the purpose; a purpose which has, in contemplation, objects of the first national importance: for the aim of those disquisitions is no less than to provide rational grounds on which the public may think and act, in respect to pestilential and contagious disorders; and to lay before practitioners in physic a methodical view of principles, whereon may be erecsed a concentrated and concordant system of practice.

Thus would be suggested, means for obtaining the most desirable ends; the public mind would be supplied with approved sentiments on the subject, and would uot be distracted by vague and silly notions, nor be so liable as at present to fall a prey to ignorance and prejudice; and the medical faculty would have materials for a general plan, according to which they might be induced to proceed in concert, to the honour of themselves, and the advantage of the community; whilst the constituted authorities would be furnished with grounds for acting with the necessary decision, firmness, and effect. How earnestly this state of things ought to be wished and sought for, will at once be felt, if it be considered what affliction and calamities are experienced in the places that are visited by those unrelenting foes to the human

race,

race, where the people are unacquainted with their nature, are unprepared for their assault, and professional men are at variance both in doctrine and practice. In all cases of danger, unanimity in opinion is the first step towards preservation.

But it may be asked, would not a publication of this kind be a species of trespass on the board of health, lately instituted in Ireland? No—For, instead of interfering with the objects of that institution, the intended work is calculated to correspoud with those objects; a design which it would answer by circulating accumulated information on contagious and spreading distempers, in this wise preparing the public mind for receiving official doctrines, and for obeying the peculiar laws with promptitude and efficacy.

At the same time, let it not be imagined that the writer presumes to impose, upon professional gentlemen, a code either of theory or of practice: he forms no such confident opinion, nor makes he such an arrogant attempt: he merely collects facts and observations, arranges them, compares them, weighs them, and, to the best of his judgment, draws from them legitimate conclusions. Thus does he endeavour to present to the mind a store of information, to go along with the reason, to convince the understanding, and ultimately to harmonize and settle the practice in cases of such general interest. By this process of the intellectual faculties, has he formed his own sentiments on the subject. He is likewise encouraged to make this offering to the intellect of others, by finding himself in possession of *very ample materials*, especially derived from the WESTERN WORLD, where malignant epidemics have of late years reigned with extensive and desolating sway. He is further induced to embark in this undertaking, by reflecting, that it does not accord with the situation and pursuits of many individuals, who practise medicine, to obtain a proportionable knowledge of scattered and important facts, without which their practice must be fluctuating, inadequate—most probably pernicious. This radical want he particularly professes to supply; and he trusts, that his medical brethren will take in good part his labours in their service.

Perhaps, in no object of medical research does there exist so great a necessity, as in that before us, for separating the facts observed from the ideas, which, in order to explain those facts, may occur to the mind of the observer. Exclusive of the prejudice which observers are known too often to take up for their own observations; we should consider, that in the present immature state of knowledge relative to the nature of malignant and contagious distempers, every well ascertained fact increases our incompetent stock of information; whilst, on the contrary, the reasonings we are for the most part enabled to advance, are at best but ingenious conjectures, which too often bias and mislead the judgment. It shall therefore be a principal intent of the work here announced, to give facts unmixed with systematic speculations, and in due course to offer such reasonings as shall seem to be fairly sanctioned by the premises, and by the principles of the several sciences that

may

may appear to be concerned in the procedure. To this work, where facts and reasonings are thus classed, where the concord of some descriptions of men, and the benefit of all are consulted, may it not be expected that a favourable reception will be given? Without this distribution of materials, and the organized system of harmony here contemplated, if the malignant foe arrive, the melancholy consequence will be a national orchestre of woe-toned instruments, playing the "*Dance of Death.*

October 8, 1805.

Mr. MILBURNE has engaged to instruct a limited number of pupils on a plan calculated to expedite the attainment of professional knowledge. The structure and physiology of the human body will be explained with the operations of Surgery. Gun Shot Wounds will be more particularly described, and a variety of interesting Cases read, as minuted by different medical officers during campaigns on the continent, East and West Indies, America, engagements by sea, &c. Particulars may be had of Mr. Milburne, No. 30, Conduit-street, Hanover-square.

Mr. YOUNG, of North Audley-street, will give a Course of Lectures on the Nature and Treatment of Cancer, early in February 1806; a Prospectus of which will be published in the course of next month.

Dr. Adams has published a second edition of his "Answers to all the Objections hitherto made against the Cow-Pox," in which he has adverted to such as have been started since the first edition.

Dr. JACKSON will shortly publish the First Part of Practical Observations on the Febrile Diseases in Gibraltar, which prevailed so fatally at that place last autumn.

The MEDICAL SOCIETY of LONDON beg leave to inform the Medical Public, that any paper in Answer to the first Question for the Fothergillian Medal for the Year ensuing, will be received at the Society's house, Bolt-court, Fleet-street, any time previous to the 31st day of January, 1806.

M. F. WAGSTAFFE, Register.

A Meteorological Reader of the Medical and Phyfical Journal will be very much obliged to Dr. HIGGINS, if he will favour the public with an accurate and concife defcription of the Centegrade and Hygrometer, which he ufes in keeping his Monthly Meteorological Table.

ERRATA.

Page 393, line 8, *for* internal *read* external.
line 25, *for* ℥ifs, *read* ʒifs.

END OF VOL. XIV.

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